

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010701

Entity Name: SONYGRAF, INC.

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

14 NE 109TH STREET  
MIAMI SHORES, FL 33161

## Current Mailing Address:

14 NE 109TH STREET  
MIAMI SHORES, FL 33161

## New Principal Place of Business:

15075 S.W. 137TH STREET  
UNIT 16  
MIAMI, FL 33196

## New Mailing Address:

9600 N.W. 25TH STREET  
6-A  
DORAL, FL 331721416

FEI Number: 26-1949874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTAMARIA, DAVID A  
14 NE 109TH STREET  
MIAMI SHORES, FL 33161 US

## Name and Address of New Registered Agent:

GAITAN, CAMILO  
15075 S.W. 137TH STREET  
UNIT 16  
MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAMILO GAITAN

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALTAMAR, CLAUDIA L  
Address: 14 NE 109TH STREET  
City-St-Zip: MIAMI SHORES, FL 33161

Title: VPSD ( ) Delete  
Name: SANTAMARIE, DAVID A  
Address: 14 NE 109TH STREET  
City-St-Zip: MIAMI SHORES, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPSD (X) Change ( ) Addition  
Name: GAITAN, CAMILO  
Address: 15075 S.W. 137TH STREET UNIT 16  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA L ALTAMAR

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date