

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064015

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** GRAHAM FINANCIAL & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

200 SW 1ST AVE SUITE 820  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

200 SW 1ST AVE SUITE 820  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 27-3192140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC  
5647 110TH AVE NORTH  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: POIGNANT, MICHEL  
Address: 200 SW 1ST AVE SUITE 820  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: MICHEL POIGNANT

PST

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date