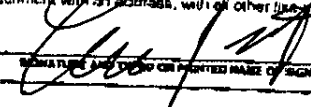


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
May 19, 2004 8:00 am
Secretary of State

04-19-2004 90310 019 ***150.00

DOCUMENT # P83000008276			
1. Entity Name PROGRAF SALES & SERVICE, INC.			
Principal Place of Business 3191 CORAL WAY SUITE 614 MIAMI FL 33145		Mailing Address 3191 CORAL WAY SUITE 614 MIAMI FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent OLLE DENNIS J ADORNO & ZEDER, PA 2601 SOUTH BAYSHORE DR, SUITE 1600 MIAMI FL 33131		5. FEI Number 66-0389258	
6. Certificate of Status Desired ☐		Applied For Not Applicable	
7. Name and Address of New Registered Agent		8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
9. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature typed or printed name of registered agent and fee if applicable (N/A if Registered Agent signature is on filing) DATE			
FILE NOW!!! FEE IS \$168.00 After May 1, 2004 Fee will be \$360.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT LINGAT, PETER 2655 LE JEUNE RD, SUITE 800 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT PETER LINGAT 3191 CORAL WAY, SUITE 614 MIAMI FL 33145 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers approved.			
SIGNATURE:  Peter Lingat, Pres. 5/10/04 (305) 442-1574			

66422869



MOORE CR2E034 (11/03)