


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000010891	
1. Entity Name CNI GRAPHICS USA, INC.	

Principal Place of Business 2313 DESTINY WAY ODESSA, FL 33556 US	Mailing Address 10614 ALICO PASS NEW PORT RICHEY, FL 34655 US
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3188228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
30 N RING AVE SUITE 400
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000159829
05/11/04-80004-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HELBER, NERVY 10614 ALICO PASS NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHU, JOSEPH 49-51 WONG CHUCK HANG RD HONG KONG SAR,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARKUS, HELBER 10614 ALICO PASS NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DURAND, VERNESSA 30440 DOUBLE DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: *X* *M. Fuller* *M. HELBER* *Markus* *727-505 8118*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #