

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 048 ***150.00

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1. Entity Name
TRIALGRAPHIX - ATLANTA, INC.



Principal Place of Business

**1212 FOWLER ST
ATLANTA, GA 30317 US**

Mailing Address

**155 NE 40 ST.
MIAMI, FL 33137 US**

54924203



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOLBERG, DAVID
155 NE 40TH ST.
MIAMI, FL 33137**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOLBERG, STEVEN
STREET ADDRESS	10392 HARRIER STREET
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	SD
NAME	STOLBERG, DAVID
STREET ADDRESS	1001 NW 122 AVE
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	<i>DVPD</i>
NAME	COHEN, DOUGLAS
STREET ADDRESS	2961 WENTWORTH
CITY-ST-ZIP	WESTON, FL 33332
TITLE	<i>DVPD</i>
NAME	ADLER, MATTHEW
STREET ADDRESS	2401 NE 12TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Stolberg
David Stolberg

3/23/2004
Date

305-576-5400
Daytime Phone #