


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90032 018 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P94000005403</b>   |  |    |
| 1. Entity Name<br><b>K2 GRAPHIC SERVICES, INC.</b>   |  |   |
| Principal Place of Business<br><b>211 NW 16TH ST.<br/>POMPAÑO BEACH, FL 33060 US</b>   | Mailing Address<br><b>211 NW 16TH ST.<br/>POMPAÑO BEACH, FL 33060 US</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>GOGA, DAVID<br/>211 NW 16TH ST<br/>POMPAÑO BEACH, FL 33064</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GOGA, DAVID<br>211 NW 16TH ST<br>POMPAÑO BEACH, FL 33060            |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MCNANEY, DENNIS J.<br>4305 NE 11TH AVE.<br>POMPAÑO BEACH, FL 33064  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPS<br>ADAMSKI, BRUCE<br>211 NW 16 STREET<br>POMPAÑO BEACH, FL 33060     |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>David Goga</i></u> <b>2/16/06</b> <b>954-786-2900</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>   |  |   |

**66001917**



01102008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0464561</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |



ATTACHMENT

46001917

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

K2 GRAPHIC SERVICES, INC.  
211 NW 16TH ST.  
POMPANO BEACH, FL 33060 US

Subject: **K2 GRAPHIC SERVICES, INC.**

Reference Number: **P94000005403**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION