

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90715 023 \*\*\*158.75

DOCUMENT # P95000010841

1. Entity Name  
PARA-GRAPHIC DESIGNS, INC.



Principal Place of Business

1547 NW 165 STREET  
MIAMI, FL 33169

Mailing Address

1547 NW 165 STREET  
MIAMI, FL 33169

**94079607**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODSIDE, LUCRICIA  
~~19393 NE 10TH AVENUE~~ **1547 NW 165 Street**  
~~MIAMI, FL 33179~~ **33169**

**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	WOODSIDE, LUCRICIA
STREET ADDRESS	13575 NE 14TH AVE.
CITY-ST-ZIP	NO. MIAMI, FL 33161
TITLE	SD
NAME	OXIDINE, CYNTHIA
STREET ADDRESS	470 NW 214 STREET #14-104
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	TD
NAME	COOK, DONALD
STREET ADDRESS	427 S. CLARA AVE.
CITY-ST-ZIP	DELAND, FL 32720
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)(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

**4/29/04**

Date

**305 690-4328**

Daytime Phone #