


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000024017 1. Entity Name GRAPHICS EXPORT INTERNATIONAL, COPR. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 14832 LONE EAGLE DR. ORLANDO, FL 32837 | Mailing Address 14832 LONE EAGLE DR. ORLANDO, FL 32837 |
|--|--|

DO NOT WRITE IN THIS SPACE



08022004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3304931 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RIVERA, ALICE W
14832 LONE EAGLE DR.
ORLANDO, FL 32837

**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 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RIVERA, ALICE W 14832 LONE EAGLE DR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000163484
08/06/04-80003-003 150.00

**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: Alice W. Rivera 8/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #