



**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90093 033 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000041666</b> 1. Entity Name <b>GRAHAM ENTERPRISES INTERNATIONAL, INC.</b>																																											
Principal Place of Business <b>1593 EASTLAKE WAY 14811 SW 39 ST FT. LAUDERDALE, FL 33326 DAVIE, FL 33331</b>		Mailing Address <b>1593 EASTLAKE WAY 14811 SW 39 ST FT. LAUDERDALE, FL 33326 DAVIE, FL 33331</b>																																									
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		<b>50022018</b>  02212005 No Chg-P CR2E034 (10/03)																																									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number <b>65-0584872</b></td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number <b>65-0584872</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
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6. Name and Address of Current Registered Agent  <b>BRUCE GRAHAM 1593 EASTLAKE WAY 14811 SW 39 ST FT. LAUDERDALE, FL 33326 DAVIE, FL 33331</b>		<b>DO NOT WRITE 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 <u><i>Bruce Graham</i></u> <span style="float: right;">02/24/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PSTD</td></tr><tr><td>NAME</td><td>GRAHAM, BRUCE M</td></tr><tr><td>STREET ADDRESS</td><td>1593 EASTLAKE WAY 14811 SW 39 ST</td></tr><tr><td>CITY-ST-ZIP</td><td>FT. LAUDERDALE, FL 33326 DAVIE, FL 33331</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	GRAHAM, BRUCE M	STREET ADDRESS	1593 EASTLAKE WAY 14811 SW 39 ST	CITY-ST-ZIP	FT. LAUDERDALE, FL 33326 DAVIE, FL 33331	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		<b>DO NOT WRITE IN THIS SPACE</b>	
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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: <u><i>BRUCE GRAHAM</i></u> <i>Bruce Graham</i>		02/24/05 (954) 663-9146																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Telephone</small>																																									