FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000085901

1. Entity Name
GRAPHIC-TEK, INC.

Principal Place of Business	Mailing Address
5209 NW 74 ST 220 MIAMI, FL 33166 US	1022 E. 20TH ST. HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0702427

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACHADO, HECTOR
1022 E. 20TH ST.
HIALEAH, FL 33013

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	MACHADO, HECTOR
STREET ADDRESS	5209 NW 74 TH AVENUE #220
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	MACHADO, YOLANDA
STREET ADDRESS	5209 NW AVE., #220
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	GONZALEZ, ROSA E
STREET ADDRESS	5209 NW 74 AVE., #220
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: Yolanda Machado 4/29/04 305 8821670
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #