

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

02-06-2007 90010 016 ***150.00

DOCUMENT # P96000086343 1. Entity Name GRAPHIC ARTS INTERNATIONAL, INC.	
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Principal Place of Business 244 SW 6 ST MIAMI, FL 33130 US	Mailing Address 244 SW 6 ST MIAMI, FL 33130 US
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DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0700753	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOFFAT, ANA C
244 SW 6 STREET
MIAMI, FL 33130

**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: _____

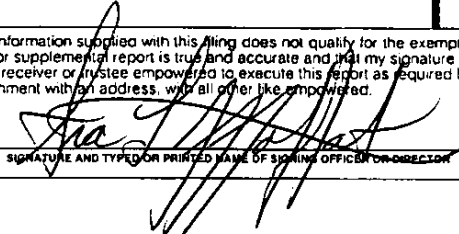
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MOFFAT, ANA L 244 SW 6 ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MOFFAT, RICHARD A 244 SW 6 ST MIAMI, FL 33130
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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 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:  **2-28-07 305-285-1401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #