

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90019 028 \*\*\*150.00

**DOCUMENT # P96000086343**

**1. Entity Name**  
**GRAPHIC ARTS INTERNATIONAL, INC.**



**Principal Place of Business**  
**244 SW 6 ST**  
**MIAMI, FL 33130 US**

**Mailing Address**  
**244 SW 6 ST**  
**MIAMI, FL 33130 US**

**40049635**



02042008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**65-0700753**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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**

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, 2008, 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**

**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**

**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 an officer or director empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ana Moffat*

**3-18-08**

**305-285-4101**