## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P96000088579

GRAF & MARC MARKETING & DESIGN CORP.



**FILED** Jan 26, 2007 08:00 AN **Secretary of State** 

Principal Place of Business

6175 NW 153RD ST., STE. 209 MIAMI, FL 33014

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## DO NOT WRITE IN THIS SPACE

No Cha-P 01232007

CR2E034 (11/05)

4. FEI Number 65-0729445

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCH, ALBERTO. 6175 N.W. 153 ST. SUITE 209

## DO NOT WRITE IN THIS SPACE

WIAWI LAKES, FL 33014				IN THIS STAGE			
the obligat	e named entity submits this statement for the pations of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acce	pt	
SIGNATURE.	Signature, typed or printed name of registored agent and life i	Papplicable. (NOTE: Re	egistered Agent signature	(grifstanien nerhw beniupen s	OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			01/29/07-80056-025 150.00		
10.	OFFICERS AND DIREC	TORS		···			
TITLE HAME STREET ADDRESS CITY-SI-ZIP	D MARCH, ALBERTO 6175 NW 153RD ST., STE, 209 MIAMI, FL 33014						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST MARCH, ALBERTO 6175 NW 153RD ST., STE. 209 MIAMI, FL 33014						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CREY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MI WANG STORED THE BOTH OFFICER OF DIRECTOR

305-8261664