


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000075374

1. Entity Name
GRAHAM HANOVER, INC.



FILED
04 OCT 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19 SOUTHERN CROSS CIRCLE SUITE 104 BOYNTON BEACH, FL 33436 US	Mailing Address 19 SOUTHERN CROSS CIRCLE SUITE 104 BOYNTON BEACH, FL 33436 US
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2. Principal Place of Business 2 SOUTH BISCAYNE BLVD	3. Mailing Address 19 Southern Cross Circle
Suite, Apt. #, etc. 2685	Suite, Apt. #, etc. 104

09092004 Chg-P CR2E034 (10/03)

City & State MIAMI FL	City & State Boynton Bch FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33436	Country USA		


6. Name and Address of Current Registered Agent

**VOCHE, THEROL
19 SOUTHERN CROSS CIRCLE S
#104
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name **THEROL VOCHE**
Street Address (P.O. Box Number is Not Acceptable)
19 Southern Cross Circle #104
City **Boynton Bch** FL Zip Code **33436**

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  **THEROL VOCHE** DATE **10/20/04** **300042030373**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Amended AR is \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ICE VOCHE, THEROL E 19 SOUTHERN CROSS CIRCLE STE 104 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Janice Dantzler 6221 SW 62 Terrace Miami FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOCHE, KAREN 19 SOUTHERN CROSS CIRCLE STE 104 BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anne B. Freedman 1541 Sunset Drive Coral Gables FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed Fischer 1541 Sunset Drive Coral Gables, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pansy Graham 14816 Carver Drive Miami, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Natalie Lyons 1010 Andromeda Coral Gables FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JoAnn Seipp 9600 SW 60 COURT MIAMI FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition


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  **THEROL VOCHE DIRECTOR** DATE **10/18/04** DAYTIME PHONE # **305 439 7364**

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2. Principal Place of Business 2 S. Biscayne Blvd Suite. Apt. #, etc. 2685	3. Mailing Address 19 Southern Cross Circle Suite. Apt. #, etc. 104
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#104
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name
THEROL VOCHÉ

Street Address (P.O. Box Number is Not Acceptable)
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City
Boynton Bch FL Zip Code
33436

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SIGNATURE:  **THEROL VOCHÉ** DATE: **10/18/04**

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

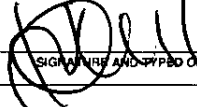
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete VOCHE, KAREN 19 SOUTHERN CROSS CIRCLE STE 104 BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAMELA WILLIAMS 6221 SW 62 Terrace MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  **THEROL VOCHÉ DIRECTOR** DATE: **10/18/04** 305 439 7364

Signature typed or printed name of signing officer or director Date Daytime Phone #