

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90153 014 ***150.00

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1. Entity Name
GRAHAM HANOVER, INC.

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0778106** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROWE, CYMONIE
6347 LA COSTA DRIVE
LAKE WORTH FL 33462**

7. Name and Address of New Registered Agent
Name **THEROL VOCHÉ**
Street Address (P.O. Box Number is Not Acceptable)
**19 SOUTHERN CROSS CIRCLE S. 104
BOYNTON BEACH FL 33436**
City **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 VOCHÉ** DATE **April 20, 03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	CEOP VOCHÉ, T.E. 8480 WINNIPESAUKEE WAY LAKE WORTH FL 33435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWE, THELKA 6347 LA COSTA DRIVE BOCA RATON FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL VOCE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 SOUTHERN CROSS CIRCLE SUITE 104 BOYNTON BEACH FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KAREN VOCHÉ 19 SOUTHERN CROSS CIRCLE S. 104 BOYNTON BEACH FL 33434
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
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

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: **KAREN VOCHÉ SECRETARY TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **April 20, 03** Daytime Phone #

CR2E034 (10/02)