

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 023 ***150.00

DOCUMENT # P98000008012

1. Entity Name
TRIALGRAPHIX - LOS ANGELES, INC.



Principal Place of Business
**261 S. FIGUEROA ST
SUITE 100
LOS ANGELES, CA 90012**

Mailing Address
**155 NE 40TH STREET
MIAMI, FL 33137**

44022528



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0820961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STOLBERG, DAVID
155 NE 40TH STREET
MIAMI, FL 33137**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P D**
NAME **STOLBERG, STEVEN**
STREET ADDRESS **10392 HARRIER ST.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **S D**
NAME **STOLBERG, DAVID**
STREET ADDRESS **1001 NW 122 AVE**
CITY-ST-ZIP **PLANTATION, FL 33321**

TITLE **VP D**
NAME **COHEN, DOUGLAS**
STREET ADDRESS **2961 WENTWORTH**
CITY-ST-ZIP **WESTON, FL 33332**

TITLE **VP D**
NAME **MATTHEW, ADLER**
STREET ADDRESS **2401 NE 12TH ST.**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

David Stolberg

3/23/04

315-576-5400