

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 013 ***150.00

DOCUMENT # P98000038610

1. Entity Name

GRAPHIC CONSULTANTS OF MIAMI, INC.



Principal Place of Business

6047 SOUTHWEST 14 STREET
MIAMI FL 33144

Mailing Address

6047 SOUTHWEST 14 STREET
MIAMI FL 33144



2. Principal Place of Business

6047 S.W. 14 St.

Suite, Apt. #, etc.

3. Mailing Address

6047 S.W. 14 St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0904592

Applied For

Not Applicable

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, RICHARD ESQ
2937 SW 27 AVE, SUITE 100A
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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

D
VALDES-FAULI, GEORGINA
4401 ALHAMBRA CIRCLE
CORAL GABLES FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06

Date

Daytime Phone #

305 267-0264