## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

## Mar 26, 2005 08:00 AM DOCUMENT # P99000042173 **Secretary of State** 1. Entity Name LINIAT GRAPHICS DESIGN, INC. Principal Place of Business Mailing Address 1383 SW 135TH PLACE 1383 SW 135TH PLACE MIAMI, FL 33184 MIAMI, FL 33184 No Chg-P 03172005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0918539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELTREAN, MARIA I DO NOT WRITE 1383 SW 135 PLACE MIAMI, FL 33184 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be U00000276842 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE BELTRAN, MARIA I NAME 1383 SW 135 PLACE STREET ADDRESS CITY - ST - ZIP MIAMI, FL\_33138 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CitY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP led with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information leport 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 de empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the same appears in Block 10 or Block 11 if the same appears in Block 10 or Block 11 if I hereby certify that the information sup-indicated on this report or supplemental of the corporation or the receiver or trus

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**