

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-30-2004 90006 024 ***150.00

DOCUMENT # S60633

1. Entity Name
TRIALGRAPHIX-MIAMI, INC.



Principal Place of Business
155 NE 40TH STREET
MIAMI, FL 33137 US

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

44022527



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0275197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD STOLBERG, STEVEN 10392 HARRIER ST PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOLBERG, DAVID 1001 NW 122 AVE FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VPD</i> COHEN, DOUGLAS A. 2961 WENTWORTH WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VPD</i> ADLER, MATTHEW 2401 NE 12TH ST FT. LAUDERDALE, F 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

David Stolberg

3/23/04

Date

305-576-5400

Daytime Phone #