


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # S84436
 1. Entity Name
 GRAPHO SERVICE CORP.



Principal Place of Business
 2950 NW 72ND ST
 MIAMI, FL 33147 US

Mailing Address
 1200 NW 78 AVE., #216
 MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0291637

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 POLTORAK, ESTEBAN A.
 1015 N.W. 106 AVENUE CIR.
 MIAMI, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000910016
 05/06/08-80092-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLTORAK, ESTEBAN
STREET ADDRESS	1015 N.W. 106 AVENUE CIR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	POLTORAK, CANDIDA
STREET ADDRESS	1015 N.W. 106 AVENUE CIR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Candida Maria Poltorak Candida Poltorak 4/16/08 (305) 835-9802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #