


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P95000031440	
1. Entity Name OPTIMA GRAPHICS CORPORATION	

Principal Place of Business 8051 N.W. 36TH ST #605 MIAMI FL 33166 US	Mailing Address 782 NW LE JEUNE RD 629 MIAMI FL 33126 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent VILAR, PATRICK 999 PONCE DE LEON BLVD PH 1120 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete NAME HURTADO, JOSE S STREET ADDRESS CARRERA 68B NORTH 13-61 CITY-ST-ZIP SANTAFE DE BOGOTA DC COLOMBI	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete NAME HURTADO, HUGO S STREET ADDRESS CARRERA 68B NORTH 13-61 CITY-ST-ZIP SANTAFE DE BOGOTA DC COLOMBI	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete NAME SAENZ, IVAN J STREET ADDRESS 8051 N.W. 36TH STREET, SUITE 605 CITY-ST-ZIP MIAMI FL 33166	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete NAME MORA, MARLENE STREET ADDRESS CARRERA 68B NORTH 13-61 CITY-ST-ZIP SANTAFE DE BOGOTA DC CO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	P <input type="checkbox"/> Delete NAME URQUIJO, RAUL STREET ADDRESS CARRERA 68B NORTH 13-61 CITY-ST-ZIP SANTAFE DE BOGOTA DC CO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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:  **04-09-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: no Floor #