2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # 1. Enlity Name O.T. 12, INC.	K57658					
Principal Place of Business 1023 NW 3RD AVE MIAMI BEACH, FL 33136	U\$	Mailing Address 1023 NW 3RD AVE MIAMI BEACH, FL 33136	US			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



04192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0099056

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

YUKEN, SALOMON 1023 NW 3RD AVENUE

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33136		IN ⁻	THIS SPACE
8. The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its registere	I ed office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE	red agent and title II applicable (NOTE Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150. After May 1, 2004 Fee will be	9. Etection Campaign Finar \$550.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees	<u>1000001;29163</u>
	RS AND DIRECTORS		04/26/04-80067-018 153.75
TITLE D NAME SHUMINER, INGRID STREET ADDRESS 1023 NW 3RD AVE CITY ST-ZIP MIAMI BEACH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- 57- 2IP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information suppl	lied with this filing does not qualify for the exe	motion stated in Section 119 07/3	(ii) Florida Statutes. I further portifu that the information

12 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

4-21-04 (305) 374-4412