

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90357 042 ***158.75

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # K57658 1. Entity Name O.T. 12, INC.					
Principal Place of Business 1023 NW 3RD AVE MIAMI-BEACH, FL 33136 US			Mailing Address 1023 NW 3RD AVE MIAMI-BEACH, FL 33136 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0099056	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YUKEN, SALOMON 1023 NW 3RD AVENUE MIAMI, FL 33136			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMINER, INGRID 1023 NW 3RD AVE MIAMI BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Ingrid Shuminer</u> INGRID SHUMINER 4-18-05 (305)374-4412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					