## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** L16251 DOCUMENT # 1. Entity Name PANORAMA PRINTING, INC.

SIGNATURE:





Principal Place of Business 454 NW. 22ND AVENUE NO. 101 MIAMI FL 33125  2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEI Number 65-0145205   Applied For Not Applicable  Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Dosired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  8. The above named and 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, type of 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, type of 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, type of the purpose of the purpo				COO WE TES			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  State  Country  Street Address of New Registered Agent  Name  Name  Name  Name  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Not Acceptable (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Name  Na	454 N.W. 22ND AVENUE NO. 101		454 N.W. 22ND AVENUE NO. 101			31	
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Street Address of Current Registered Agent  Name  Name  Name  Street Address of New Registered Agent  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  To Country  City  FL  Zip Code  To City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Note: Registered Agent signature required when reinstaling)  After May 1; 2003 Fee will be \$550.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. Additional Fee Not Micro Status Desired  4. FEI Number 65-0145205  Attention of Status Desired  Status Desired  Street Address of New Registered Agent  Name  City  FL  Zip Code  Signature: Typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstaling)  DATE  FILE NOW!!! FEE IS: \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  11. Additional Fee  Added to Fees	2. Principal Place of Business		3. Mailing Address	<u> </u>			
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GUERRA, JORGE A. 454 NW 22ND AVENUE NO 101  MIAMI FL 33125  City  FL Zip Code  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 pitnied 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; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	City & State		City & State		4. FEI Number 65-0145205	<del></del>	
GUERRA, JORGE A. 454 NW 22ND AVENUE NO 101 MIAMI FL 33125  City  FL  Zip Code  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; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u> </u>			Country	<u> </u>	Fee Required	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 pinted name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstaling)  DATE  FILE NOW!!! FEE IS: \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	6	i. Name and Address of Curre	nt Registered Agent	Nama			
## Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	CHEDDA 100	DOE A		Name	· · · · · · · · · · · · · · · · · · ·	_	
MIAMI FL 33125  City  FL  Zip Code  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, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				Street Address	(P.O. Box Number is Not Acceptable)	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or pinted 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; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS:\$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
FILE NOW!!! FEE IS:\$150.00 After May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			for the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida	a. I am familiar with, and accept	
After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	SIGNATURESigna	ature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE	
I DITO	After Ma	y 1, 2003 Fee will be \$550.0			1		
TITLE PTD Delete TITLE Change Addition			D DIRECTORS	11	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
			☐ Delete	TITLE		☐ Change ☐ Addition	
NAME GUERRA, JORGE A. NAME							
STREET ADDRESS CITY-ST-ZIP  MIAMI FL  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP ML	AMI FL					
TITLE VS Delete TITLE Change Addition			☐ Delete			☐ Change ☐ Addition	
NAME GUERRA, OLGA L. NAME STREET ADDRESS 2500 NW 28 ST #703 STREET ADDRESS							
CITY-ST-ZIP MIAMI FL CITY-ST-ZIP							
TITLE Delete TITLE Change Addition	~		☐ Delete	l		☐ Change ☐ Addition	
NAME STREET ADDRESS STREET ADDRESS	1						
CITY-ST-ZIP CITY-ST-ZIP	1						
TITLE Delete TITLE Change Addition	TITLE	<u> </u>	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME NAME	NAME			NAME			
STREET ADDRESS STREET	i i						
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition						Change Addition	
TITLE Delete TITLE Change Addition  NAME			□ Delete			□ Gnange □ Addition \	
STREET ADDRESS STREET ADDRESS							
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
TITLE         Delete         TITLE         Change         Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME NAME	<b>I</b>						
STREET ADDRESS STREET	1	. •				1	
CITY-ST-ZIP CITY-ST-ZIP		that the left	th this filling decrees 200			f	
12. I hereby certify that the information supplied with this filing does not quality 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 trusted 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.	indicated on th	his report or supplemental report	is true and accurate and that r	my signature shall have the	same legal effect as if made under oath	that Lam an officer or director	