



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91054 035 \*\*\*150.00

<b>DOCUMENT # P00000008333</b>					
<b>1. Entity Name</b> <b>K.M.T. GRAPHICS, INC.</b>					
<b>Principal Place of Business</b> 2665 BAYSHORE DR. SUITE 100 MIAMI, FL 33133			<b>Mailing Address</b> 2665 BAYSHORE DR. SUITE 100 MIAMI, FL 33133		
<b>2. Principal Place of Business</b> 515 EAST Las Olas Blvd Suite, Apt. #, etc. 100 City & State Ft. Lauderdale FL Zip 33301 Country Broward		<b>3. Mailing Address</b> 2665 S. Bayshore Drive Suite, Apt. #, etc. 100 City & State Miami Florida Zip 33133 Country Dade			
<b>4. FEI Number</b> 04262004		Chg-P		CR2E034 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> TOMLINSON, OWEN 15301 SW 138 TERRACE MIAMI, FL 33177			<b>7. Name and Address of New Registered Agent</b> Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>4/30/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, OWEN 15301 SW 138TH TERRACE MIAMI, FL 33196		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-04 305-855-8311 <small>Date Daytime Phone #</small>		

*Art Garment*  
**Division of Corporations**

*20065916*  
*#P00000008333*



# Annual Report

Page 1

Document Number  
**P00000008333**  
 Business Entity Name  
**K.M.T. GRAPHICS, INC.**

FEI Number **650979175**  
 FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current  
 Certificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address **515 East Las Olas Blvd.**  
 Suite, Apt. #, etc. **SUITE 100**  
 City, State **Ft. Lauderdale** **FL**  
 Zip Code & Country **33301**

## Mailing Address

Address **2665 BAYSHORE DR.**  
 Suite, Apt. #, etc. **SUITE 100**  
 City, State **MIAMI** **FL**  
 Zip Code & Country **33133**

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) **TOMLINSON** **OWEN**  
 -or- RA Business Name  
 Address **15301 SW 138 TERRACE**  
 Suite, Apt. #, etc.  
 City, State **MIAMI** **FL**  
 Zip Code & Country **33196**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature **MUST** be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*[Handwritten Signature]*