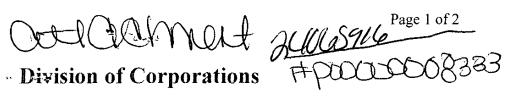
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000000 1. Entity Name K.M.T. GRAPHICS, INC.	08333		03-03-2	2004 91054 035 ****150.00
Principal Place of Business 2665 BAYSHORE DR. SUITE 100 MIAMI, FL 33133  2. Principal Place of Business	Mailing Address 2665 BAYSHORE DR. SUITE 100 MIAMI, FL 33133	· / · · · / ·		
515 EasT Lasolas B Suite, Apt. #, etc. 100	Suite, Apt. #, etc.	aushore ariv	04262004 Chg-P	CR2E034 (10/03)
City & State FT. Laude dale	City & State	Florida	4. FEI Number 65-0979175	Applied For Not Applicable
3330/ Browned	<sup>Zip</sup> 33133	Dade	5. Certificate of Status Desire	Fee Required
6. Name and Address of Curre TOMLINSON, OWEN 15301 SW 138 TERRACE MIAMI, FL 33177	nt Hegistered Agent	Name Street Address	7. Name and Address of Ne	(able)
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature for printed name of registered agent.		registered office or regis	· · · · · · · · · · · · · · · · · · ·	FL
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55	0.00 Trust Fund Contr	ibution. D A	dded to Fees	·
10.   OFFICERS AI	ND DIRECTORS  Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	` ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee et changed, or on an attachment with an address	rt is true and accurate and that monowered to execute this report	ny signature shall have th as required by Chapter (	ne same legal effect as if made un 607, Florida Statutes; and that my	ider oath; that I am an officer or director name appears in Block 10 or Block 11 if
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	4-30 - OC	7 305-855-83 // Daylime Phone #

Division of Corporations







## Annual Report

Page 1

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

FEI Number	650979175			
FEI Number Status	C Applied For C Not Applicable © Current			
Certificate of Status De	sired C Yes 6 No			
Pr	incipal 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 A	nd Address of Registered Agent			
Name (Last, First, Middle, Title)	TOMLINSON JOWEN J			
-or- RA Business Name				
Address	15301 SW 138 TERRACE			
Suite, Apt. #, etc.	A section of the sect			
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

Registered Agent Signature