

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90335 026 \*\*\*150.00

**DOCUMENT # P03000038858**

1. Entity Name  
**ON CUE INC. OF SOUTH FLORIDA**



Principal Place of Business

**11031 SW 69TH DRIVE  
MIAMI, FL 33173**

Mailing Address

**11031 SW 69TH DRIVE  
MIAMI, FL 33173**

2. Principal Place of Business

**15290 SW 106 Lane**

Suite, Apt. #, etc.

3. Mailing Address

**15290 SW 106 Lane**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33196**

Country  
**Miami-Dade**

Zip  
**33196**

Country  
**Miami-Dade**



04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

**11-3717350**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, J R  
249 WESTWARD DRIVE  
MIAMI SPRINGS, FL 33166**

7. Name and Address of New Registered Agent

Name

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 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **ROBERTS, JOHN**  
STREET ADDRESS **11031 SW 69TH DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE VD ☒ Delete  
NAME **GARCIA, ALEJANDRO**  
STREET ADDRESS **11031 SW 69TH DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President/Director ☐ Change ☒ Addition  
NAME **Michael Gonzalez**  
STREET ADDRESS **15290 SW 106 Lane**  
CITY-ST-ZIP **Miami, FL 33196**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John G. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John G. Roberts**

**04-28-04**

Date

**305-281-3899**

Daytime Phone #