

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106740

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: ONYX GBH CORPORATION

## Current Principal Place of Business:

8003 NW 29 ST  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

8003 NW 29 ST  
MIAMI, FL 33122

## New Mailing Address:

FEI Number: 56-2402383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARDI, RAFAEL  
8003 NW 29 ST  
MIAMI, FL 33122

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SARDI, RAFAEL  
Address: 8003 NW 29 ST  
City-St-Zip: MIAMI, FL 33122

Title: V ( ) Delete  
Name: SARDI, ADOLFO  
Address: 8003 NW 29 ST  
City-St-Zip: MIAMI, FL 33122

Title: S ( ) Delete  
Name: QUIZENA, JOSE  
Address: 17057 SW 53 CT  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: PLA, ALBERTO  
Address: 8003 NW 29 ST  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL SARDI

P

02/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date