

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000106740	
1. Entity Name ONYX GBH CORPORATION	



Principal Place of Business 8003 NW 29 ST MIAMI, FL 33122	Mailing Address 8003 NW 29 ST MIAMI, FL 33122
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03302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2402383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SARDI, RAFAEL 8003 NW 29 ST MIAMI, FL 33122
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000284370 04/02/05-80002-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARDI, RAFAEL 8003 NW 29 ST MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SARDI, ADOLFO 8003 NW 29 ST MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUIZENA, JOSE 17057 SW 53 CT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PLA, ALBERTO 8003 NW 29 ST MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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: <u>Rafael Sardi</u> <b>RAFAEL SARDI</b>	3/30/05	305.594.6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #