

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106740

Entity Name: ONYX GBH CORPORATION

FILED
May 01, 2008
Secretary of State

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 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PARJUS, JOSE F
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: SARDI, ADOLFO
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: S (X) Change () Addition
Name: QUIZENA, JOSE
Address: 8003 NW 29TH ST
City-St-Zip: MIAMI, FL 33122

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSE QUIZENA

S

05/01/2008

Electronic Signature of Signing Officer or Director

Date