

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 031 ***150.00

DOCUMENT # P04000119548 1. Entity Name PUNTES GRAPHICS, INC.			
Principal Place of Business 2906 SW 34TH AVE MIAMI, FL 33133		Mailing Address 2906 SW 34TH AVE MIAMI, FL 33133	
2. Principal Place of Business 9952 SW 86T Suite, Apt. #, etc. APT # 230		3. Mailing Address 9952 SW 86T Suite, Apt. #, etc. APT # 230	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33174		Zip 33174	
Country		Country	
4. FEI Number 20-1506945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUNTES, JOSE R 2906 SW 34TH AVE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name PUNTES, JOSE R. Street Address (P.O. Box Number is Not Acceptable) 9952 SW 86T APT # 230 City MIAMI FL Zip Code 33174	
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: JUN 03 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUNTES, JOSE R 2906 SW 34TH AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUNTES, JOSE R 9952 SW 86T APT # 230 MIAMI, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARDILA, HELGA AMALIA 2906 SW 34TH AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARDILA, HELGA AMALIA 9952 SW 86T APT # 230 MIAMI, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		JUN 03 05 <small>Date Daytime Phone #</small>	