

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P05000050389

1. Entity Name

ORMONT GRAPHICS INC.



Principal Place of Business
4630 N UNIVERSITY DR
CORAL SPRINGS FL 33067

Mailing Address
4630 N UNIVERSITY DR
CORAL SPRINGS FL 33067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1247254

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 (re)registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
PD
AMELKIN, DEAN
4630 N UNIVERSITY DR
CORAL SPRINGS FL 33067

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP
000000411685
02/10/06-80017-022 150.00

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
S
AMELKIN, DONNA
4630 N UNIVERSITY DR
CORAL SPRINGS FL 33067

TITLE ☐ Change ☐ Add

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CITY- ST- ZIP

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TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dean Amelkin

1/25/06 957-755-37