


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90280 002 ***150.00

| DOCUMENT # P06000101801 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Entity Name ONTIME GRAPHIC, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 11980 SW 8 ST STE #13 MIAMI, FL 33184 | | | Mailing Address 11980 SW 8 ST STE #13 MIAMI, FL 33184 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 86-1172368 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent OTERO, MICHEL 7400 W 20 AVE APT #421 HIALEAH, FL 33016 | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11980 SW 8 ST STE #13</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI, FL 33184</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table> | | | | | | 10. 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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 11980 SW 8 ST STE #13 | | STREET ADDRESS | | | CITY-ST-ZIP | MIAMI, FL 33184 | | CITY-ST-ZIP | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | STREET ADDRESS | | | CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS | 11980 SW 8 ST STE #13 | | STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33184 | | CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michel Otero</i> | | | 5/7/07 (305) 553-6514 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |