

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90021 039 \*\*\*150.00

**DOCUMENT # P95000031440**

1. Entity Name

OPTIMA GRAPHICS CORPORATION



Principal Place of Business

8051 N.W. 36TH ST  
#605  
MIAMI FL 33166  
US

Mailing Address

8051 NW 36TH ST  
#605  
MIAMI FL 33166  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0584609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

VILAR, PATRICK  
999 PONCE DE LEON BLVD  
PH 1120  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HURTADO, JOSE S	
STREET ADDRESS	CALLE 11 NO. 22-51 AA 34905	
CITY-ST-ZIP	SANTAFE DE BOGOTA DC COLOMBI	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURTADO, HUGO S	
STREET ADDRESS	CALLE 11 NO. 22-51 AA 34905	
CITY-ST-ZIP	SANTAFE DE BOGOTA DC COLOMBI	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAENZ, IVAN J	
STREET ADDRESS	8051 N.W. 36TH STREET, SUITE 605	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>MORA, MARBLE</del>	
STREET ADDRESS	CALLE 11 NO. 22-51AA 34905	
CITY-ST-ZIP	SANTAFE DE BOGOTA DC CO	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GALVEZ, RICARDO	
STREET ADDRESS	CALLE 11 NO. 22-51AA 34905	
CITY-ST-ZIP	SANTAFE DE BOGOTA DC CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mora, Marlene	
STREET ADDRESS	Calle 11 No 22-51AA 34905	
CITY-ST-ZIP	Santafe de Bogota DC CO	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urquijo Raul	
STREET ADDRESS	Calle 11 No 22-51AA 34905	
CITY-ST-ZIP	Santa Fe de Bogota DC CO	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-04 (305)639-2806

Date

Daytime Phone #