

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000110907

1. Entity Name
CITY GRAPHICS USA, INC.



Principal Place of Business
10395 SW 186 STREET
MIAMI, FL 33157

Mailing Address
10395 SW 186 STREET
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

(P99000110907P)

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970129

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTESINOS, NOEMI R
7770 S.W. 90 ST., #J-1
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTESINOS, NOEMI R
STREET ADDRESS	7770 S.W. 90 ST., #J-1
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VP
NAME	TORRES, WILLIAM
STREET ADDRESS	7770 S.W. 90 ST., #J-1
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80070-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

William Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07 305-2518720

Date

Daytime Phone #