2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L57415

1. Entity Name AFTER IMAGE, INC.

Principal Place of Business

13831 SW 59TH STREET, #104 MIAMI, FL 33183 US Mailing Address

13831 SW 59TH STREET, #104 2ND FLOOR

MIAMI, FL 33183 US

FILED Apr 09, 2004 08:00 AM Secretary of State

CR2E034 (10/03)



DO	NOT	WRITE	IN	THIS	SPA	CE
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, FEI Number	Applied For
65-0182703	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, DENIS 3620 SW 130TH AVE MIAMI, FL 33175

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

03232004

signature								
DIGITATIONE.	Signature, typed or printed name of registered agent and title t	t applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE			
	E NOW!!! FEE 13 \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10,	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, DENIS 3620 SW 130TH AVE MIAMI, FL 33175				900001079 <u>5</u> 9			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREIRA, NATALIE 3620 SW 130TH AVE MIAMI, FL 33175				04/09/04-80035-025 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling 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.								

NYED RANGE OF BROKENG OFFICER ON DIRECTOR

5. 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