


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M27028 1. Entity Name IMAGE EQUITIES, INC.	
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Principal Place of Business C/O ALAN E. GREENFIELD 9150 S.W. 87TH AVE. S-205 MIAMI, FL 33176	Mailing Address C/O ALAN E. GREENFIELD 9150 S.W. 87TH AVE. S-205 MIAMI, FL 33176
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02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2663104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENSTEIN, STEWART A. 9150 SW 87TH AVE STE 205 MIAMI, FL 33176
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000077887
03/08/04-80005-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSTEIN, STEWART 9150 S.W. 87TH AVE. #205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKORIC, PAUL 9150 S.W. 87TH AVE. #205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACBROOM, CLIFFORD 9150 S.W. 87TH AVE. #205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  2/27/04 305-595-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #