


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 001 ***150.00

DOCUMENT # P02000114218		
1. Entity Name IMAGENES P & M, INC.		
Principal Place of Business 4815 NW 79TH AVENUE SUITE #9 MIAMI, FL 33166		Mailing Address 4815 NW 79TH AVENUE SUITE #9 MIAMI, FL 33166
2. Principal Place of Business 555 NE 12 AVE Suite, Apt. #, etc.		3. Mailing Address 555 NE 12 AVE Suite, Apt. #, etc.
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL
Zip 33030	Country	Zip 33030

44002200



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 26-0056036		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUIS B. CREMONESI T. 4815 NW 79TH AVENUE SUITE #9 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: LUISA M. BARRIOS B. Street Address (P.O. Box Number is Not Acceptable) 555 NE 12 AVE City: HOMESTEAD FL Zip Code: 33030	
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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]* (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS B. CREMONESI T. 4815 NW 79TH AVENUE #9 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUISA M. BARRIOS B. 4815 NW 79TH AVENUE #9 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUISA M. BARRIOS B. 555 NE 12 AVE HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAHILY A. CREMONESI 4815 NW 79TH AVENUE #9 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #