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Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 002 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000016133

1. Entity Name
IMAGE ELEVATOR INC.

Principal Place of Business	Mailing Address
3511 SW 89TH COURT MIAMI, FL 33165	3511 SW 89TH COURT MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4213721 — [X] Applied For — [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERDE, ROXANA PEREZ
3511 SW 89TH COURT
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: REINALDO VERDE
Street Address (P.O. Box Number is Not Acceptable): 3511 SW 89 CT
City: MIAMI FL Zip Code 33165

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: REINALDO VERDE (PRESIDENT) [signature] 06-03-07

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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. [X] **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERDE, REINALDO 3511 SW 89TH COURT MIAMI, FL 33165	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VERDE, ROXANA PEREZ 3511 SW 89TH COURT MIAMI, FL 33165	[X] Delete	VICE PRESIDENT ROXANA PEREZ-VERDE 3511 SW 89 CT MIAMI, FL 33165	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

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: [signature] REINALDO VERDE (PRESIDENT) 06-03-07 305 710 7315

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