


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000080144

1. Entity Name
SPLIT IMAGE AUTOMOTIVE SERVICES, INC.



Principal Place of Business
525 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

Mailing Address
525 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0779317	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

BERRIOS, JUSTINO
4929 MCCONNELL STREET
LAKE WORTH, FL 33463-3417

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BERRIOS, JUSTINO 4929 MCCONNELL STREET LAKE WORTH, FL 334633417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIOS, MARIA 4929 MCCONNELL STREET LAKE WORTH, FL 334633417
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05/09/07-80030-011 150.00

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: *Maria L. Berrios*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 561-586-5785
Date Daytime Phone #