

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 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



04142008 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

**BERRIORS, 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, 2008 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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 05/02/08-80003-009 150.00

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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 J. Berrios* 4/16/08 5615865785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone