

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080144

FILED
Apr 21, 2009
Secretary of State

Entity Name: SPLIT IMAGE AUTOMOTIVE SERVICES, INC.

Current Principal Place of Business:

525 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

525 FOREST HILL BLVD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0779317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRIOS, JUSTINO
4929 MCCONNELL STREET
LAKE WORTH, FL 334633417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERRIOS, JUSTINO
Address: 4929 MCCONNELL STREET
City-St-Zip: LAKE WORTH, FL 334633417

Title: D () Delete
Name: BERRIOS, MARIA
Address: 4929 MCCONNELL STREET
City-St-Zip: LAKE WORTH, FL 334633417

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRIOS, JUSTINO
Address: 4929 MCCONNELL STREET
City-St-Zip: LAKE WORTH, FL 334633417

Title: ST (X) Change () Addition
Name: BERRIOS, MARIA
Address: 4929 MCCONNELL STREET
City-St-Zip: LAKE WORTH, FL 334633417

Title: V () Change (X) Addition
Name: BERRIOS, ALEJANDRO L
Address: 3856 DALE ROAD
City-St-Zip: PALM SPRINGS, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L. BERRIOS

ST

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date