


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000000730**

1. Entity Name  
**IMAGE MILLENNIUM CORPORATION**



Principal Place of Business 1614 PENNSYLVANIA AVE. #2F MIAMI BEACH, FL 33139	Mailing Address SUARES, CEBALLOS & ORTIZ 354 SEVILLA AVE. MIAMI, FL 33134
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03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-0025983</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**GRADOS & ASSOCIATES LLC**  
**1614 PENNSYLVANIA AVE., #2F**  
**MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	P HOYER, CARLOS 1614 PENNSYLVANIA AVE., #2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ORTEGA, ALIDA 1614 PENNSYLVANIA AVE., #2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DE HOVER, MARINA S 1614 PENNSYLVANIA AVE., #2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRADUS, LUIS 1614 PENNSYLVANIA AVE #2F MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: Luis Grados **LUIS GRADOS** 3.10.06 305 582 7850

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