

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068402

**Entity Name:** EDUIMAGEN, INC.

**Current Principal Place of Business:**

15222 S W 117 LANE  
MIAMI, FL 33196

**Current Mailing Address:**

15222 S W 117 LANE  
MIAMI, FL 33196

**FEI Number:** 27-3297636

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BORQUE, MARIA  
15222 S W 117 LANE  
MIAMI, FL 33196 US

*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

**Officer/Director Detail :**

Title DS  
Name BORQUE, MARIA  
Address 15222 S W 117 AVE  
City-State-Zip: MIAMI FL 33196

Title P  
Name GUEVARA, BEATRIZ  
Address 15222 S W 117 AVE  
City-State-Zip: MIAMI FL 33196

Title V  
Name GUITIAN, ANA MARIA  
Address 15222 S W 117 AVE  
City-State-Zip: MIAMI FL 33196

Title T  
Name GUITIAN, JOSE A  
Address 15222 S W 117 AVE  
City-State-Zip: MIAMI FL 33196

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA BORQUE

D

03/16/2014

Electronic Signature of Signing Officer/Director Detail

Date