



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90261 038 ***158.75

14009863

DOCUMENT # F04000002456 1. Entity Name BRIJOT IMAGING SYSTEMS, INC.					
Principal Place of Business C/O STEEL HECTOR & DAVIS LLP 200 SOUTH BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131			Mailing Address C/O STEEL HECTOR & DAVIS LLP 200 SOUTH BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131		
2. Principal Place of Business 5422 CARRIER DRIVE		3. Mailing Address 5422 CARRIER DRIVE			
Suite, Apt. #, etc. SUITE 107		Suite, Apt. #, etc. SUITE 107			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32819		Zip 32819			
Country USA		Country USA		01062005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1003309				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., 43RD FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE ANDREW, BRIAN 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, JUAN 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHA, MANUEL 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBALLAL, MIRTA 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEREYRA, VICTOR 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARZI, GERMAN 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gregory Chouljian</i> GREGORY CHOULJIAN VP FINANCE 04/28/05 407 641 4368 <i>Brian Andrew</i> BRIAN ANDREW CEO 04/28/05 407 641 4368					