

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002456

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: BRIJOT IMAGING SYSTEMS, INC.

## Current Principal Place of Business:

1064 GREENWOOD BOULEVARD  
SUITE 124  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

## Current Mailing Address:

1064 GREENWOOD BOULEVARD  
SUITE 124  
LAKE MARY, FL 32746 US

## New Mailing Address:

FEI Number: 20-1003309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: HAMMOND, RON  
Address: 1221 BRICKELL AVENUE, 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete  
Name: NAVARRO, JUAN  
Address: 1221 BRICKELL AVENUE, 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: DPSC ( ) Delete  
Name: LASKEY, MITCHEL J  
Address: 1221 BRICKELL AVENUE - 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete  
Name: NEWLAND, ROSS  
Address: 1221 BRICKELL AVENUE - 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: D (X) Delete  
Name: CHAO, MARCELO  
Address: 1221 BRICKELL AVENUE - 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHAO, MARCELO  
Address: 1221 BRICKELL AVENUE - 22ND FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MITCHEL LASKEY

DPSC

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date