

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F82645

1. Entity Name
IMAGE INSTRUMENTATION, INC.



Principal Place of Business
**5013 SW 87TH AV
COOPER CITY, FL 33328**

Mailing Address
**5013 SW 87TH AV
COOPER CITY, FL 33328**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2200476	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUTH PINEDA BRUGAT
5013 S.W. 87TH AVE.
COOPER CITY, FL 33328**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000852737
03/26/08-80041-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	FVD
NAME	BRUGAT, MANUEL
STREET ADDRESS	5013 S.W. 87TH AVE.
CITY-ST-ZIP	COOPER CITY, FL

TITLE	VP
NAME	BRUGAT, MANUEL
STREET ADDRESS	5013 S.W. 87TH AVE.
CITY-ST-ZIP	COOPER CITY, FL

TITLE	T
NAME	BRUGAT, RUTH PINEDA
STREET ADDRESS	5013 S.W. 87TH AVE.
CITY-ST-ZIP	COOPER CITY, FL

TITLE	S
NAME	BRUGAT, RUTH PINEDA
STREET ADDRESS	5013 S.W. 87TH AVE.
CITY-ST-ZIP	COOPER CITY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-2008

Date

954 303-3163

Daytime Phone #