

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 024 ***158.75

DOCUMENT # F99000000738					
1. Entity Name INTERNATIONAL IMAGING SYSTEMS, INC.					
Principal Place of Business BLDG 4, SUITE 572 7040 W. PALMETTO PARK ROAD BOCA RATON, FL 33433			Mailing Address BLDG 4, SUITE 572 7040 W. PALMETTO PARK ROAD BOCA RATON, FL 33433		
2. Principal Place of Business 6689 N.W. 16TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 6689 N.W. 16TH TERRACE Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-0854589	
Zip 33309		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIFFRIN, ALFRED M. BLDG 4, SUITE 572 7040 W. PALMETTO PARK ROAD BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: E. Leo Smith Street Address (P.O. Box Number is Not Acceptable): 6689 N.W. 16TH TERRACE City: Ft. Lauderdale, FL Zip Code: 33309		
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: <i>[Signature]</i> - President DATE: 1-8-04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PRESIDENT	NAME SCHIFFRIN, ALFRED M. <input checked="" type="checkbox"/> Delete		TITLE P.D.	NAME E. Leo Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7040 W. PALMETTO PARK RD BLDG 4 SUITE 572	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 6689 N.W. 16TH TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE [Blank] <input type="checkbox"/> Delete	NAME [Blank] <input type="checkbox"/> Delete		TITLE S.T.	NAME SUSAN ARCHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS 6689 N.W. 16TH TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE [Blank] <input type="checkbox"/> Delete	NAME [Blank] <input type="checkbox"/> Delete		TITLE D.	NAME ALEX SARA FIANOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS 6689 N.W. 16TH TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE [Blank] <input type="checkbox"/> Delete	NAME [Blank] <input type="checkbox"/> Delete		TITLE [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE [Blank] <input type="checkbox"/> Delete	NAME [Blank] <input type="checkbox"/> Delete		TITLE [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
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>[Signature]</i> - President DATE: 1-8-04 (954) 978-9090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

E. Leo Smith