


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G25970</b> 1. Entity Name <b>HARDWARE IMAGINATION, INC.</b>	
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Principal Place of Business <b>4300 NW 37 AVE MIAMI, FL 33142 US</b>	Mailing Address <b>4300 NW 37 AVE MIAMI, FL 33142 US</b>
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01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-2267227</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JAMES ROYE 4300 NW 37TH AVE MIAMI, FL 33142</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 BELA FULOP DATE 01/12/05  
Sg. Name: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FULOP, BELA 4300 SW 37 AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S JOHN DAVIS 3057 S W CEDAR TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PEREZ, LUIS 4300 SW 37TH AVENUE MIAMI, FL 33142
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01/24/05-80103-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: Bela Fulop **BELA FULOP** DATE 01/12/05  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #