

2008 FOR PROFIT CORPORATION ANNUAL REPORT


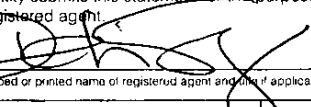
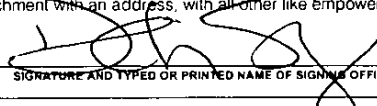
FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 042 ***158.75

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01252008 Chg-P CR2E034 (12/06)

DOCUMENT # H60261			
1. Entity Name IMPRESSIONS OF MIAMI, INC.			
Principal Place of Business 7168 SW 47TH ST STE A MIAMI, FL 33155 US		Mailing Address 7168 SW 47TH ST STE A MIAMI, FL 33155 US	
2. Principal Place of Business - No P.O. Box # 6960 S.W. 47ST		3. Mailing Address 6960 S.W. 47ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country	Zip 33155	Country
4. FEI Number 59-2543794		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 SEGRERA, JOSE 7168 SW 47TH ST, STE A MIAMI, FL 33155		7. Name and Address of New Registered Agent Name JOSE SEGRERA Street Address (P.O. Box Number is Not Acceptable) 5313 S.W. 89 AVENUE City MIAMI, FL Zip Code 33165	
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, 2008 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	V.P. SEGRERA, JOSE 7168 SW 47TH ST STE A MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEGRERA Jose V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6960 S.W. 47ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEGRERA, DANNALIE 7168 SW 47TH ST STE A MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEGRERA DANNALIE 7168 S.W. 47ST Suite A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____ Daytime Phone # _____	