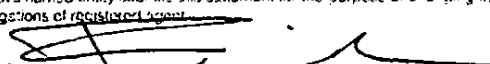
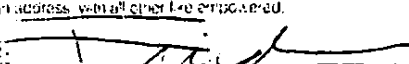


FILED
May 16, 2007 8:00 am
Secretary of State

04-25-2007 90203 006 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 000000011707			
1. Entity Name Image Pro International			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 12930 SW 122 Ave		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State MI	
Zip 33186		Country US	
4. FEI Number 05-0990443		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Frederic Friedman			
Street Address (P.O. Box Number is Not Acceptable) 12930 SW 122 Ave			
City Miami FL Zip Code 33186			
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 			
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.		9. Election Campaign Financing This: Fund Contributions ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Frederic Friedman 12930 SW 122 Ave Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary Frederic Friedman 12930 SW 122 Ave Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(b), 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block "D" or in an attachment with an address where I am employed.			
SIGNATURE: 		5/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CA2E034B (12/02)

Image Pro International, Inc.

Florida Department of State

Date	Type	Reference
01/18/2007	Bill	P00000011707

Original Amt.
150.00

1/18/2007	Balance Due	Discount	Check Amount
	150.00		

7818	Payment
	150.00
	150.00

Checking First Union

150.00

ATTACHMENT

66015156

P00000011707