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 # P00000011707

1. Entity Name
Image Pro International

DO NOT WRITE IN THIS SPACE

66015156

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
12930 SW 122 ave	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11	
City & State: Miami, FL	City & State: 11	4. FEI Number: 65-0990443 ☐ Applied For ☐ Not Applicable
Zip: 33186 Country: US	Zip: 11 Country: 11	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frederic Friedmann

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: _____ DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frederic Friedmann 12930 SW 122 ave Miami, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Frederic Friedmann 12930 SW 122 ave Miami, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034B (12/02)

Image Pro International, Inc.

1/18/2007

7818

Florida Department of State

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/18/2007	Bill	P00000011707	150.00	150.00		150.00
					Check Amount	150.00

Checking First Union 150.00

ATTACHMENT
#040015156
#P00000011707