2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000071755

1. Entity Name

PROFILE IMAGE, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90249 013 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Adding Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 2. Name 2. Name 2. Name 2. Name 3. Name 2. Name 3. Name 2. Name 3.	plied For t Applicable itional
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1027850 Apr. Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition \$8.75 A	plied For t Applicable itional
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5. Certificate of Status Desired	
CHERVONAIA, IRINA 2750 NE 183RD STREET SUITE 1904 AVENTURA FL 33160 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, a the obligations of registered agent and life if applicable. (NOTE: Registered Agent signature required when resistating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	•
2750 NE 183RD STREET SUITE 1904 AVENTURA FL 33160 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and title if applicable. SIGNATURE Signature, typed or price name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME CHERVONAIA, IRINA 2750 NE 183RD STREET #1904 AVENTURA FL 33160 CITY-ST-ZIP AVENTURA FL 33160	
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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 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 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 Bloc	1

SIGNATURE:

02.20.03.