04/27/2005 09:49 5613578844 KERNER & WA

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90966 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108505

1. Entity Name
IMG OF SOUTH FLORIDA INC.

400060000

04272005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4781 S CITATION DR, 104 DELRAY BEACH, FL 33445	4781 S CITATION DR, 104 DELRAY BEACH, FL 33445

2. Principal Place of Business	3. Mailing Address
9210 EQUUS CIRCLE	9210 EQUUS CIRCLE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL.
Zip: 33437 Country: Palm beach	Zip: 33437 Country: Palm beach

4. FEI Number 65-1057956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIUSTIZIA, JOSEPH
4781 S CITATION DR, 104
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name: GIUSTIZIA, JOSEPH
Street Address (P.O. Box Number is Not Acceptable): 9210 EQUUS CIRCLE
BOYNTON BEACH, FL.
City FL Zip Code 33437

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4/27/05 DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUCKLEY, ROBERT 5103 SW 121 AVE COOPER CITY, FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 9210 EQUUS CIRCE BOYNTON BEACH, FL. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GIUSTIZIA, JOSEPH 4781 S CITATION DR, 104 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 9210 EQUUS CIRCLE BOYNTON BEACH, FL. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/27/05 Date 561-271-1040 Daytime Phone #