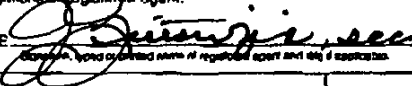
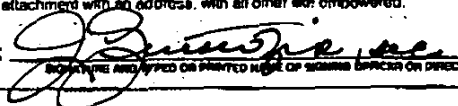


04/27/2005 09:49 5613578844

KERNER & WA

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90966 043 ***150.00

DOCUMENT # P00000108505			
1. Entity Name IMG OF SOUTH FLORIDA INC.			
Principal Place of Business 4781 S CITATION DR, 104 DELRAY BEACH, FL 33445		Mailing Address 4781 S CITATION DR, 104 DELRAY BEACH, FL 33445	
2. Principal Place of Business 9210 EQUUS CIRCLE Suite, Apt. #, etc.		3. Mailing Address 9210 EQUUS CIRCLE 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: 		DATE: 4/27/05	
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	9210 EQUUS CIRCLE BOYNTON BEACH, FL. 33437 ☒ Change ☐ Addition
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	9210 EQUUS CIRCLE BOYNTON BEACH, FL. 33437 ☒ 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
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)(f), 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 for empowered.			
SIGNATURE: 		DATE: 4/27/05 561-357-1040	