

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000108505

1. Entity Name
IMG OF SOUTH FLORIDA INC.

Principal Place of Business: **9210 EQUUS CIRCLE BOYNTON BEACH FL 33437**
 Mailing Address: **9210 EQUUS CIRCLE BOYNTON BEACH FL 33437**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

6. Name and Address of Current Registered Agent
**GIUSTIZIA, JOSEPH
 9210 EQUUS CIRCLE
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____



1st MOORE CR2E034 (10/05)

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME: BUCKLEY, ROBERT STREET ADDRESS: 9210 EQUUS CIRCLE CITY-ST-ZIP: BOYNTON BEACH FL 33437	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE ST	<input type="checkbox"/> Delete NAME: GIUSTIZIA, JOSEPH STREET ADDRESS: 9210 EQUUS CIRCLE CITY-ST-ZIP: BOYNTON BEACH FL 33437	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	U00000438074 02/28/06-80074-019 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Giustizia, Joseph* **Giustizia, Joseph**, sec. **2/17/06** **561-271-1040**