

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000053283

1. Entity Name
DIGITAL IMPRESSIONS OF MIAMI, INC.



Principal Place of Business

7132 S.W. 47TH STREET
MIAMI, FL 33155

Mailing Address

7132 S.W. 47TH STREET
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1108327

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEDAN, BORIS
7132 S.W. 47TH STREET
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAVARRETE, OCTAVIANO
STREET ADDRESS 8500 S.W. 122ND ST.
CITY- ST- ZIP MIAMI, FL 33156

TITLE SD
NAME ZEDAN, BORIS
STREET ADDRESS 11030 N.W. 48TH TERR
CITY- ST- ZIP MIAMI, FL 33178

TITLE TD
NAME ZEDAN, ESTUARDO
STREET ADDRESS 9431 N.W. 45TH ST.
CITY- ST- ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1000000290337
04/06/05-80063-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3/30/05 ✓ 205 663 3226