
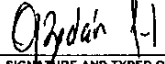


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90059 023 ***150.00

| | | | | | |
|--|--|---------------------|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 4679 S.W. 72nd Avenue | | | 3. Mailing Address 4679 S.W. 72nd Avenue | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Miami, FL | | | City & State Miami, FL | | |
| Zip 33155 | Country USA | Zip 33155 | Country USA | | |
| 6. Name and Address of Current Registered Agent ZEDAN, GADALA 372 SW 187TH TERR HOLLYWOOD, FL 33029 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | SD ZEDAN, BORIS 11030 N.W. 48TH TERR MIAMI, FL 33178 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ZEDAN, ESTUARDO 9431 N.W. 45TH ST. MIAMI, FL 33178 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZEDAN, GADALA 372 SW 187TH TERR PEMBROKE, FL 33029 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  | | | Date: 1/30/07 Daytime Phone #: 305-663-3226 | | |

40012482



01292007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1108327 Applied For
Not Applicable

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