2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-04-2004 90004 012 ***150.00
P01000059454

FILED
04 JUL 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059454

1. Entity Name
PLOVDIVIMAGE, INC.

Principal Place of Business	Mailing Address
4465 WEST HUMPHREY STREET TAMPA FL 33614	4465 WEST HUMPHREY STREET TAMPA FL 33614

MOORE CR2E034 (4/04)

2. Principal Place of Business	3. Mailing Address
491 SR 434 suite 139	491 SR 434
Suite, Apt. #, etc.: suite 139	Suite, Apt. #, etc.: suite 139
City & State: Altamonte Springs, FL	City & State: Altamonte Spring, FL.
Zip: FL. 32714 Country: Seminole	Zip: 32714 Country: Seminole

4. FEI Number 59-3730693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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	D PENEV, PENIO 4465 WEST HUMPHREY STREET TAMPA FL 33614	☐ Delete	D Penev, Penio 2720 Nova DRIVE Apopka, FL. 32703	☒ Change ☐ Addition address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENEVA, ALBENA 4465 WEST HUMPHREY STREET TAMPA FL 33614	☐ Delete	D PENEVA, ALBENA 2720 Nova Drive Apopka, FL. 32703	☒ Change ☐ Addition address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600040092826 08/11/04--01064--002 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ALBENA PENEVA Albena Peneva 05.28.04 407-227-8796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #