2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P01000075420 1. Entity Name 04-30-2004 90294 009 ***150.00 APERTURE IMAGING INC. Principal Place of Business Mailing Address 4224 SW 70 CT 4224 SW 70 CT **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address 4223 SW & Avenue 4225 SW venue Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1127936 liami Miami Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLANCO, YENESEY** Street Address (P.O. Box Number is Not Acceptable) 15340 S.W. 55TH TERR. **MIAMI FL 33185** City 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition BLANCO, YENESEY NAME NAME STREET ADDRESS 15340 S.W. 55TH TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7l9 CITY-ST-ZIP on supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information metal 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 or director projected empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. 12. I hereby certify that the information s indicated on this report of suppleme of the corporation or the receiver or changed, or on an attach ment with

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