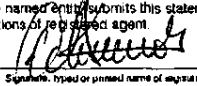


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000080010				11038780	
1. Entity Name IMAGE TEXTILE SERVICES, INC.					
Principal Place of Business 6221 SEMINOLE TERRACE MARGATE, FL 33063		Mailing Address 6221 SEMINOLE TERRACE MARGATE, FL 33063			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1132435	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, ADALBERTO 10871 NW 4TH DR CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Octavio Villasmi Street Address (P.O. Box Number is Not Acceptable) 10040 NW 9 Street Cr Apt 204 City MIAMI FL Zip Code 33172		
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  S. 04/10/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE					
PAGE FILING FEE IS \$150.00 After May 1, 2003 fees will be \$200.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, CARLOS E 6221 SEMINOLE TERRACE MARGATE, FL 33063 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVELLI, FREDDY 7034 SW 164 CT MIAMI, FL 33193 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLATILL, OSTAVCA 6061 WILES RD APT 107 POMPANO BEACH, FL 33073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- Villasmi, Octavio ☐ Change ☐ Addition 10040 NW 9 street Cr Apt 204 Miami, FL, 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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, trustee, empowers 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:  Secretary 04/20/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CFR2034 (10/02)