FILED
Jun 16, 2002 8:00 am
Secretary of State
05-13-2002 90146 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080339

1. Entity Name
A New Image, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business	3. Mailing Address
5748 Donnelly Circle	5748 Donnelly Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32821 Country: USA	Zip: 32821 Country: USA

4. FEI Number: 59-0000458 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Martha E Rodriguez

Street Address (P.O. Box Number is Not Acceptable):
5748 Donnelly Circle

City: Orlando FL Zip Code: 32821

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.

SIGNATURE: Martha E Rodriguez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Grecia Andralde 32821
STREET ADDRESS	5748 Donnelly Cir, Orlando, FL
CITY-ST-ZIP	
TITLE	Secretary / Treasurer
NAME	Martha Rodriguez 32821
STREET ADDRESS	5748 Donnelly Cir, Orlando, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha E Rodriguez Martha Rodriguez 4/20/2 407-293-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #