

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90039 022 \*\*\*150.00

**DOCUMENT # P01000080339**

1. Entity Name

**A NEW IMAGE, INC.**



Principal Place of Business

**5748 DONNELLY CIRCLE  
ORLANDO FL 32821**

Mailing Address

**5748 DONNELLY CIRCLE  
ORLANDO FL 32821**

2. Principal Place of Business

**6700 CONROY ROAD  
#110**

3. Mailing Address

**6700 CONROY ROAD  
#110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL.**

City & State

**ORLANDO FL.**

Zip  
**32835**

Country

**ORANGE**

Zip  
**32835**

Country

**ORANGE**



1st MOORE

CR2E034 (10/04)

4. FEI Number

**50-0000458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARTHA E  
5748 DONNELLY CIRCLE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, MARTHA E.**

Street Address (P.O. Box Number is Not Acceptable)

**6700 CONROY ROAD #110**

City **ORLANDO**

**FL**

Zip Code

**32835**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-4/05**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDRADE, GRECIA	
STREET ADDRESS	5748 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARTHA	
STREET ADDRESS	5748 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, GRECIA	
STREET ADDRESS	6700 CONROY ROAD #110	
CITY-ST-ZIP	ORLANDO, FL. 32835	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARTHA	
STREET ADDRESS	6700 CONROY ROAD #110	
CITY-ST-ZIP	ORLANDO, FL. 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-05 407-521-7484**

Date

Daytime Phone #