


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90008 040 \*\*\*150.00

<b>DOCUMENT # P01000083628</b> 1. Entity Name NEW IMAGE 2001, INC.					
Principal Place of Business 9012 VINEYARD LAKE DRIVE PLANTATION, FL 33324			Mailing Address 9012 VINEYARD LAKE DRIVE PLANTATION, FL 33324		
2. Principal Place of Business <b>5240 SW 15 PLACE</b>		3. Mailing Address <b>5240 SW 15 PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PLANTATION FL</b>		City & State <b>PLANTATION FL</b>		4. FEI Number <b>65-1149996</b>	
Zip <b>33317</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  GORSKI, JANET 9012 VINEYARD LAKE DRIVE PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <b>JANET GORSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>5240 SW 15 PLACE</b> City <b>PLANTATION</b> <b>FL</b> Zip Code <b>33317</b>		
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 <b>JANET GORSKI, PRESIDENT Janet Gorski</b> DATE <b>7/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP GORSKI, JANET 9012 VINEYARD LAKE DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP JANET GORSKI 5240 SW 15 PLACE PLANTATION FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORSKI, WEISLAW 9012 VINEYARD LAKE DR. PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIESLAW GORSKI 5240 SW 15 PLACE PLANTATION FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Janet Gorski JANET GORSKI</b> <b>7/12/04</b> <b>954-452-8154</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					