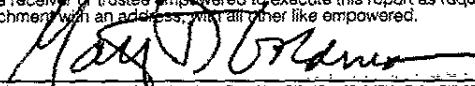


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000018045 1. Entity Name IMAGERY PRINT & DESIGN, INC.			
Principal Place of Business 1320 S. DIXIE HWY SUITE 220 CORAL GABLES, FL 33146 US		Mailing Address 1320 S. DIXIE HWY SUITE 220 CORAL GABLES, FL 33146 US	
DO NOT WRITE IN THIS SPACE		 04292004 No Chg-P CR2E034 (10/03)	
4. FEI Number 03-0430471		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, MATT D ESQ. 2911 GRAND AVENUE SUITE 4B COCONUT GROVE, FL 33133		DO NOT WRITE IN THIS SPACE	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000146912 05/03/04-80084-012 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	SANCHEZ, JULIO		
STREET ADDRESS	6541 SW 51 TERRACE		
CITY - ST - ZIP	MIAMI, FL 33155		
TITLE	D		
NAME	GOLDMAN, MATT D		
STREET ADDRESS	2911 GRAND AVE., SUITE 4B		
CITY - ST - ZIP	COCONUT GROVE, FL 33133	DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	SANCHEZ, ANGEL		
STREET ADDRESS	11724 SW 116 TERRACE		
CITY - ST - ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
NAME		DO NOT WRITE IN THIS SPACE	
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: 		4-30-04 (305) 445-16661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	