

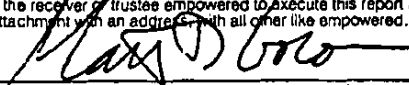


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90116 027 ***150.00
FP02000018045
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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		
2. Principal Place of Business 6915 S.W. 57 Ave. Suite, Apt. #, etc. Suite 224		3. Mailing Address 6915 SW 57 Ave. Suite, Apt. #, etc. Suite 224			
City & State Coral Gables, Florida		City & State Coral Gables, FL		4. FEI Number 03-0430471	
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.183(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	D SANCHEZ, JULIO 6541 SW 51 TERRACE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, MATT D 2911 GRAND AVE., SUITE 4B COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, ANGEL 11724 SW 116 TERRACE MIAMI, FL 33188	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 			Date 7-8-05 Daytime Phone # (305) 445-6661		