AMENDMENT TO ANNUAL REPORT

2005 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

05 DEC 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022698

1. Entity Name

IMK, CORP.

Principal Place of Business
9674 S.W. 24 Street
Miami, Fl. 33165

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, ALBERTO
1506 S.W. 143 Court
Miami, Fl. 33184

7. Name and Address of New Registered Agent

Name: SILVA, DIAGNELIS
Street Address (P.O. Box Number is Not Acceptable): 9674 S.W. 24 Street
City: Miami FL Zip Code: 33165

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 [signature] 12-20-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

~~DIAGNELIS SILVA~~

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SILVA, ALBERTO 1506 S.W. 143 Court Miami, Fl 33184	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Treasurer and Registered Agent SILVA, DIAGNELIS 9674 SW 24 St., Miami, Fl. 33165	☐ Change ☒ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	SILVA, IVAN 1506 S.W. 143 Court Miami, Fl 33184	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary HERNANDEZ, AMAURY A. 9674 SW 24 St. Miami, Fl 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800063312788 01/10/06--01035--001 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
DIAGNELIS SILVA

K. Eckel ~~DEC 27 2005~~