


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State


03-24-2004 90014 042 ***175.75

DOCUMENT # P02000034672	
1. Entity Name IMAGE MOLD'S AND PLASTIC INC.	

Principal Place of Business 2080 G TIGERTAIL BLVD. BLD. #1 DANIA FL 33004	Mailing Address 2080 G TIGERTAIL BLVD. BLD. #1 DANIA FL 33004
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2. Principal Place of Business 2836 A STIRLING Road Suite, Apt. #, etc.	3. Mailing Address 2836 A STIRLING Road Suite, Apt. #, etc.
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City & State Hollywood Zip 33020 Country FL	City & State Hollywood Zip 33020 Country FL
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4. FEI Number 03-0418347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GLOZMAN, MICHAEL 901 N.E. 209TH TERR 26-206 N MIAMI BEACH FL 33179

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 reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME GLOZMAN, MICHAEL STREET ADDRESS 2080 G TIGERTAIL BLVD. BLD. #1 CITY-ST-ZIP DANIA FL 33004	<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
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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: Michael Glozman **2-4-04 954-922-9934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #