2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000066651

Entity Name: IMAGEN SIGNS, CORP.

Current Principal Place of Business:

1000 NW OPA LOCKA BLVD.
NORTH MIAMI, FL 33168

New Principal Place of Business:

1190 NW OPA LOCKA BLVD
RR
NORTH MIAMI, FL 33168

Current Mailing Address:

1000 NW OPA LOCKA BLVD.
NORTH MIAMI, FL 33168

New Mailing Address:

1190 NW OPA LOCKA BLVD
RR
NORTH MIAMI, FL 33168

FEI Number: 04-3687230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIETO, NOHORA P
1000 NW OPA LOCKA BLVD.
NORTH MIAMI, FL 33168 US

Name and Address of New Registered Agent:

PRIETO, NOHORA P
1190 NW OPA LOCKA BLVD
RR
NORTH MIAMI, FL 33168 US

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: NOHORA P. PRIETO 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRIETO, NOHORA P
Address: 1000 NW OPA LOCKA BLVD.
City-St-Zip: NORTH MIAMI, FL 33168

Title: VD ( ) Delete
Name: ACOSTA, EDGAR R
Address: 1000 NW OPA LOCKA BLVD.
City-St-Zip: NORTH MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PRIETO, NOHORA P
Address: 1190 NW OPA LOCKA BLVD. RR
City-St-Zip: NORTH MIAMI, FL 33168

Title: VD (X) Change ( ) Addition
Name: ACOSTA, EDGAR R
Address: 1190 NW OPA LOCKA BLVD. RR
City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOHORA P. PRIETO PD 04/29/2009
Electronic Signature of Signing Officer or Director Date