


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90033 037 \*\*\*150.00

<b>DOCUMENT # P02000067956</b>					
1. Entity Name <b>ORIGINAL IMAGINATION INC.</b>					
Principal Place of Business <b>1048 N.W. 124TH TERRACE SUNRISE, FL 33323</b>			Mailing Address <b>1048 N.W. 124TH TERRACE SUNRISE, FL 33323</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 267423</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Weston, FL</b>			
City & State		City & State			
Zip	Country	Zip	Country		
<b>33326</b>	<b>USA</b>	<b>33326</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BERRINGER, GINA M 1048 N.W. 124TH TERRACE SUNRISE, FL 33323</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>O</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BERRINGER, GINA</b>		NAME		
STREET ADDRESS	<b>1048 NW 124 TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Gina Berringer</i>			Date: <i>3/14/04</i> Daytime Phone #: <i>(754) 845-8840</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



03142004 Chg-P CR2E034 (10/03)

4. FEI Number **16-0035613** Applied For ☐ Not Applicable ☐

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