

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095313

FILED
Apr 14, 2005
Secretary of State

Entity Name: IMAGE ART GALLERY OF WEST PALM BEACH INC.

Current Principal Place of Business:

5700 OKEECHOBEE BLVD., SUITE 5A
W. PALM BCH, FL 33417

New Principal Place of Business:

4603 OKEECHOBEE BLVD
C116
W. PALM BCH, FL 33417

Current Mailing Address:

5700 OKEECHOBEE BLVD., SUITE 5A
W. PALM BCH, FL 33417

New Mailing Address:

4603 OKEECHOBEE BLVD
C116
W. PALM BCH, FL 33417

FEI Number: 02-0642175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARAFI, AZIMUDDIN
69 CEDAR LANE
BOYNTON BCH, FL 33435 US

Name and Address of New Registered Agent:

SHARAFI, AZIMUDDIN
3080 QUANTUM LAKES DR
BOYNTON BCH, FL 33426 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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHARAFI, AZIMUDDIN
Address: 69 CEDAR LANE
City-St-Zip: BOYNTON BCH, FL 33436

Title: D () Delete
Name: ILYAS, SEYID S
Address: 1636 SHAKER CIR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHARAFI, AZIMUDDIN
Address: 3080 QUANTUM LAKES DR
City-St-Zip: BOYNTON BCH, FL 33426

Title: D (X) Change () Addition
Name: ILYAS, SEYID S
Address: 2062 POLO GARDENS DR APT #106
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AZIMUDDIN SHARAFI

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date