2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038057

Entity Name: IMPORT GRAPHICS CORP

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2470 NW 102 PLACE 7265 SW 44ST 104 MIAMI, FL 33166

MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

2470 NW 102 PLACE 1000 PONCE DE LEON BLVD 104 301 CORAL GABLES, FL 33134

FEI Number: 16-1660218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, ASDRUBAL R SR 2470 NW 102 PLACE 104 MIAMI, FL 33172 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:

Electronic Signature of Registered Agent Date

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Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTO, FEDERICO S SR

Address: 2470 NW 102 City-St-Zip: MIAMI, FL 33172

Title: VP () Delete
Name: CARROZ, CARLOS SR

Address: 2470 NW 102 PLACE SUITE 104

City-St-Zip: MIAMI, FL 33172

 Title:
 D
 () Delete

 Name:
 CHACIN, ALEJANDRA MS

 Address:
 2470 NW 102 PLACE SUITE 104

City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: LOZANO, ALFONSO SR

Address: 2470 NW 102 PLACE SUITE 104

City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: SOTO, FEDERICO S SR Address: 7265 NW 44 ST City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition

 Name:
 CARROZ, CARLOS SR

 Address:
 7265 NW 44ST

 City-St-Zip:
 MIAMI, FL 33166

Name: CHACIN, ALEJANDRA MS

Address: 7265 NW 44ST City-St-Zip: MIAMI, FL 33166

Title: D (X) Change () Addition

Name: LOZANO, ALFONSO SR

Address: 7265 NW 44ST City-St-Zip: MIAMI, FL 33166

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: FEDERICO SOTO P 04/30/2004