

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062607

FILED
Jul 28, 2004
Secretary of State

Entity Name: ITALIMAGE VISION GROUP CORPORATION

Current Principal Place of Business:

15330 NW 7TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

1108 STRATTON AVE
GROVELAND, FL 34736

Current Mailing Address:

15330 NW 7TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

PO BOX 846
GROVELAND, FL 34736 US

FEI Number: 03-0522211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, OSWALDO
15330 NW 7TH STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

KABA CONSULTING INC
1307 RAIN FOREST LN
MINNEOLA, FL 34715 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: ALEJANDRO KABA

07/28/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTO, OSWALDO
Address: 15330 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: SOTO, CYNTHIA
Address: 15330 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: DOS (X) Delete
Name: GILBERT, HERNANDEZ
Address: CALLE MAUREEN C-11 URB. SANTA ROSA
City-St-Zip: CAGUAS, PR 00725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTO, OSWALDO
Address: 1108 STRATTON AVE
City-St-Zip: GROVELAND, FL 34736 US

Title: VP (X) Change () Addition
Name: SOTO, CYNTHIA
Address: 1108 STRATTON AVE
City-St-Zip: GROVELAND, FL 34736 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OSWALDO SOTO

P

07/28/2004

Electronic Signature of Signing Officer or Director

Date