


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State


04-18-2005 90315 037 ***150.00

DOCUMENT # P03000089562	
1. Entity Name IMAGEN PUBLISHER, CORP	

Principal Place of Business 2951 RIVERSIDE DR. CORAL SPRINGS, FL 33065	Mailing Address 2951 RIVERSIDE DR. CORAL SPRINGS, FL 33065
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00037164

2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04062005 Chg-P	CR2E034 (10/03)
4. FEI Number 68-0563485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CADAGAN BUSINESS SOLUTIONS & ASSOCIATES 5440 STATE ROAD 7 221 FORT LAUDERDALE, FL 33319	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONACIA, CARLOS E	NAME	
STREET ADDRESS	2951 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, MARIA E	NAME	
STREET ADDRESS	2951 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONACIA, CARLOS E	NAME	
STREET ADDRESS	2951 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, MARIA E	NAME	
STREET ADDRESS	2951 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		