

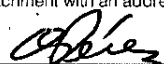


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90260 042 \*\*\*150.00

<b>DOCUMENT # P03000136911</b> 1. Entity Name <b>IMAGEN PATROL OF FLORIDA, INC.</b>																													
Principal Place of Business <b>123 S. REDLAND RD. #105 FLORIDA CITY, FL 33034</b>			Mailing Address <b>123 S. REDLAND RD. #105 FLORIDA CITY, FL 33034</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
																													
			03022004 Chg-P CR2E034 (10/03)																										
			4. FEI Number <b>54-2134020</b>		Applied For Not Applicable																								
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent  <b>PEREZ, DELFINA 123 S. REDLAND RD. #105 FLORIDA CITY, FL 33034</b>				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 _____																													
<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 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ, DELFINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>123 S. REDLAND RD. #105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FLORIDA CITY, FL 33034</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	PEREZ, DELFINA		STREET ADDRESS	123 S. REDLAND RD. #105		CITY-ST-ZIP	FLORIDA CITY, FL 33034		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4/6/04</b> 305)2464546          Date Daytime Phone #       </div>																													