


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90246 046 ***158.75

DOCUMENT # P04000071088			
1. Entity Name IMAGOS MARINE BOATWORKS, CORP.			
Principal Place of Business 1965 CALAIS DR #7 MIAMI BCH, FL 33141		Mailing Address 1965 CALAIS DR #7 MIAMI BCH, FL 33141	
2. Principal Place of Business		3. Mailing Address 7860 Harding Ave 4B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Beach, FL	
Zip	Country	Zip	Country
33141		33141	USA
4. FEI Number 77-0632769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, YECENIA 1965 CALAIS DR #7 MIAMI BCH, FL 33141		7. Name and Address of New Registered Agent Name Yecenia Guzman Street Address (P.O. Box Number is Not Acceptable) 7860 Harding Ave #4B City Miami Beach FL 33141	
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 <u><i>Yecenia Guzman</i></u> DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUZMAN, YECENIA 1965 CALAIS DR #7 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Yecenia Guzman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7860 Harding Ave #4B Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ARRUDA, DEISE 1965 CALAIS DR #7 MIAMI BCH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Deise Arruda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7860 Harding Ave #4B Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Yecenia Guzman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	