

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90002 043 ***150.00

DOCUMENT # P04000075569	
1. Entity Name IMAGINE TRANSPORTATION, INC.	



Principal Place of Business 5448 HOFFNER AVE SUITE 108 ORLANDO FL 32812	Mailing Address 1842 CARALEE BLVD APT 1 ORLANDO FL 32822
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2. Principal Place of Business 5448 HOFFNER AVE Suite, Apt. #, etc. SUITE 108 City & State ORLANDO, FL. Zip 32812 Country USA	3. Mailing Address 1842 CARALEE BLV. Suite, Apt. #, etc. APT 1 City & State ORLANDO, FL. Zip 32822 Country USA
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1st MOORE CR2E034 (10/04)

4. FEI Number 20-1102801		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CATALAN, FRANCISCO G EA 5448 HOFFNER AVE SUITE 107 ORLANDO FL 32812		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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAGNARO, JUAN 1842 CARALEE BLVD APT 1 ORLANDO FL 32822 <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
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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 lines empowered.

SIGNATURE: Juan Stagnaro JUAN STAGNARO 6/15/05 407-4666577
Date Daytime Phone #

ATTACHMENT

Orlando, June 30, 2005

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#P04000075509

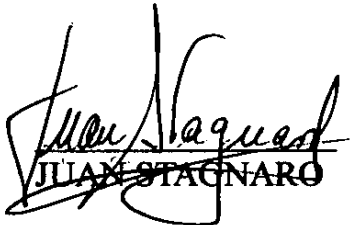
Division of Corporations
Annual Report Section

To whom it may concern:

By the present, I want to let you know that on date of June 15, 2005, as we agreed, I sent you a letter with a payment for the renewal of my company Imagine Transportation, Inc., but for some reason, the letter was returned to my own address. I am attaching that envelope and sending it back to you, so you can see the seals of the Post Office.

Hoping your understanding on this situation

Sincerely,


JUAN STAGNARO