

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90219 050 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1883 CARALEE BLV			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. 4			
City & State		City & State ORLANDO FL.			
Zip	Country	Zip 32822	Country	4. FEI Number 20-1102801	
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 JUAN STAGNARO Street Address (P.O. Box Number is Not Acceptable) 1883 CARALEE BLV. - APT. 4 City ORLANDO FL Zip Code 32822		
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: <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, 2007 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	P STAGNARO, JUAN 1842 CARALEE BLVD APT 1 ORLANDO, FL 32822 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN STAGNARO 1883 CARALEE BLV. APT. 4 ORLANDO, FL. 32822 <input checked="" 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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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 exemptions contained in Chapter 119, 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:			4/23/07 407-4666577		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		