

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-20-2005 90026 050 ***150.00

DOCUMENT # P04000102340 1. Entry Name IDEAL IMAGING CONCEPTS CORP.																							
Principal Place of Business 2824 NE 32 STREET 8 FORT LAUDERDALE, FL 33306		Mailing Address 2824 NE 32 STREET 8 FORT LAUDERDALE, FL 33306																					
2. Principal Place of Business 4728 N.W. 59TH MANOR Suite, Apt. #, etc.		3. Mailing Address 4728 NW 59TH MANOR Suite, Apt. #, etc.																					
City & State COCONUT CREEK FLORIDA		City & State COCONUT CREEK FLORIDA																					
Zip 33703	Country U.S.	Zip 33703	Country U.S.																				
6. Name and Address of Current Registered Agent MANZONE, MARIA A 2824 NE 32 STREET 8 FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name MARIA A. MANZONE Street Address (P.O. Box Number is Not Acceptable) 4728 NW 59TH MANOR City COCONUT CREEK FL Zip Code 33703																					
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 re-registering) DATE: 7/6/05																							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MANZONE, MARIA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2824 NE 32 STREET #8</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE, FL 33306</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MANZONE, MARIA A		STREET ADDRESS	2824 NE 32 STREET #8		CITY - ST - ZIP	FORT LAUDERDALE, FL 33306		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: 10%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4728 N.W. 59TH MANOR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>COCONUT CREEK, FLORIDA 33703</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	4728 N.W. 59TH MANOR	CITY - ST - ZIP	COCONUT CREEK, FLORIDA 33703
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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.																							
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