

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118455

Entity Name: 24 IMAGE INC

FILED  
Mar 07, 2006  
Secretary of State

## Current Principal Place of Business:

210 174ST  
1219  
SUNNY ISLES, FL 33160

## Current Mailing Address:

210 174ST  
1219  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

10151 SW 154TH CIRCLE CT  
106  
MIAMI, FL 33196

## New Mailing Address:

10151 SW 154TH CIRCLE CT  
106  
MIAMI, FL 33196

FEI Number: 20-1732718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LUACES, PABLO  
210 174ST  
SUNNY ISLES, FL 33160 US

## Name and Address of New Registered Agent:

LUACES, PABLO  
10151 SW 154TH CIRCLE CT  
106  
MIAMI, FL 33196 US

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.

SIGNATURE: PABLO LUACES

03/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LUACES, PABLO  
Address: 210 174ST, #1219  
City-St-Zip: SUNNY ISLES, FL 33160

Title: V ( ) Delete  
Name: BELEN, MARIA  
Address: 210 174ST, #1219  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LUACES, PABLO  
Address: 10151 SW 154TH CIRCLE CT #106  
City-St-Zip: MIAMI, FL 33196

Title: VICE (X) Change ( ) Addition  
Name: ACOSTA, MARIA  
Address: 10151 SW 154TH CIRCLE CT #106  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO LUACES

PRES

03/07/2006

Electronic Signature of Signing Officer or Director

Date