

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000051256

Entity Name: SHATTERED IMAGES, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1203 NW 125 TERRACE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1203 NW 125 TERRACE  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 20-2644417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRENT, JOE  
1203 NW 125 TERRACE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRENT, JOE  
Address: 1203 NW 125 TERRACE  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: NIEBLAS, BRYAN  
Address: 8010 NW 108TH AVE  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: BRYAN NIEBLAS

D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date