


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90035 004 \*\*\*150.00

<b>DOCUMENT # P05000061508</b> 1. Entity Name <b>IMG SERVICES, CORP</b>					
Principal Place of Business <b>19111 COLLINS AVE 2804 SUNNY ISLES BEACH, FL 33160 US</b>			Mailing Address <b>19111 COLLINS AVE 2804 SUNNY ISLES BEACH, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7141 SW 80 St</b>		3. Mailing Address <b>7141 SW 80 St</b>			
Suite, Apt. #, etc. <b>Miami Florida</b>		Suite, Apt. #, etc. <b>Miami Florida</b>			
City & State <b>33143 US</b>		City & State <b>33143 US</b>			
Zip <b>33143</b> Country <b>US</b>		Zip <b>33143</b> Country <b>US</b>		4. FEI Number <b>20-1738142</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>PB&amp;A FINANCIAL SERVICES CORP 13935 NW 1ST AVE MIAMI, FL 33168</b>			7. Name and Address of New Registered Agent Name <b>PBA Financial Svcs Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>174 NE 96th St</b> <b>Miami Shores, FL 33138</b> City <b>FL</b> 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 <b>Sandra Perez / Pm.</b> DATE <b>4-7-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GONZALEZ, GUSTAVO</b> <b>19111 COLLINS AVE #2804</b> <b>SUNNY ISLES BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GONZALEZ, ILEANA M</b> <b>19111 COLLINS AVE #2804</b> <b>SUNNY ISLES BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>Ileana M. Gonzalez</b> DATE <b>4/1/07</b> DAYTIME PHONE # <b>305-740-4209</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					