
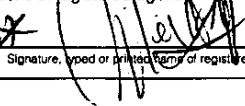



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 019 ***158.75

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| DOCUMENT # P05000069861 1. Entity Name IMAGE GRAPHIC SOLUTION, CORP | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 240 85 STREET APARTMENT 3 MIAMI BEACH, FL 33141 | | | Mailing Address 240 85 STREET APARTMENT 3 MIAMI BEACH, FL 33141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 19058 NE 26th COURT Suite, Apt. #, etc. | | | 3. Mailing Address 19058 NE 26th COURT Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State AVENTURA, FLORIDA | | | City & State AVENTURA, FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33180 | | Country MIAMI DADE | | Zip 33180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country MIAMI-DADE | | 4. FEI Number 20-2824251 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ORTIZ, JUAN M 240 85 STREET APT. #3 MIAMI BEACH, FL 33141 | | | 7. Name and Address of New Registered Agent Name ORTIZ, JUAN M. Street Address (P.O. Box Number is Not Acceptable) 19058 NE 26th COURT City AVENTURA FL Zip Code 33180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  JUAN M. ORTIZ 03/20/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P, S ORTIZ, JUAN M 240 85 STREET, APT. #3 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, S ORTIZ, JUAN M 240 85 STREET, APT. #3 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P.S. ORTIZ, JUAN M. 19058 NE 26th COURT AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.S. ORTIZ, JUAN M. 19058 NE 26th COURT AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | |
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| 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:  | | | JUAN M. ORTIZ 03/20/2006 (786) 286-7923 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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