2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

Date

Daytime Phone #

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DOCUMENT # P05000069861 1. Entity Name IMAGE GRAPHIC SOLUTION, CORP						03-20-2006	_			
Principal Plac	e of Business	Mailing Address			1					
240 85 STREET APARTMENT 3 MIAMI BEACH, FL 33141		240 85 STREET APARTMENT 3 MIAMI BEACH, FL 33141			20 12: 81111 20 111 20 111 8 0		03682 			
2. Principal P	Place of Business		•							
19058 NE 26th COURT 19058 NE 26rh C			h COURT			ESIEJ BINI KENI GEMJ EE	III WARA BEID I	49E1 1811 E4181 [18	AMBIT II EMMI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152006	Chg-P	CR2E	034 (11/05)		
	JRA, FLORIDA	City & State AVENTURA, FLORIDA Zip Country			4. FEI Number 20-	2824251		No	oplied For ot Applicable	
Zip 33180	0 MIAMÍ_DADE 33180 M			try MI-DADE 5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Name ORT					IZ, JUAN M.					
ORTIZ, JUAN M 240 85 STREET APT. #3				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH, FL 33141				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 register						th, in the State of Fl	orida. I am			
the obligations of egistered agent.										
SIGNÁTURE	x 11/2/1/2	ORTIZ				/2006	<u></u>			
	Signature, wheel or printed harms of registured agent a	and little if applicable. (NOTE: I	Registered Agent sign	ature required	d when reinstating)	·	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE	P, S		TITLE	P.S	-			Change	Addition	
NAME	ORTIZ, JUAN M		NAME STREET ADDRESS	1	IZ, JUAN					
STREET ADDRESS CITY-ST-ZIP	240 85 STREET, APT. #3 ST MIAMI BEACH, FL 33141 CT			19058 NE 26th COURT AVENTURA, FL 33180					•	
TITLE	Time dia de l'Ori, l'e do l'il	Delete	TITLE	AVE	NIUKA, r	г ээтол		☐ Change	Addition	
NAME			NAME					_ 0.29		
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NAME STREET ADORESS			NAME STREET ADORESS	;						
CITY-ST-ZIP			CITY-ST-ZIP							
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NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•						
	contile that the information available desired	this fling does not qualify for		contaîna	d in Chapter 140	Dorido Statutos	l from the new re-	eif, thet the		
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 suppliemental 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 of trustee improved 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: 3 JUAN M. ORTIZ 03/20/2006 (786) 286-7923										
1	alcusting all Marks on a	DIRECT NAME OF GIGNING OFFICER OF	BIDECTOC							