

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091163

Entity Name: IMAGE GROUP SERVICES, INC.

FILED  
Jul 06, 2008  
Secretary of State

## Current Principal Place of Business:

7340 GARFIELD STREET  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

10020 SHERIDAN ST APT 212  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

7340 GARFIELD STREET  
HOLLYWOOD, FL 33024

## New Mailing Address:

10020 SHERIDAN ST APT 212  
PEMBROKE PINES, FL 33024

FEI Number: 20-3063898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALVA, JAVIER  
7340 GARFIELD STREET  
203  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

ALVA, JAVIER  
10020 SHERIDAN ST APT 212  
PEMBROKE PINES, FL 33024 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:

07/06/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVA, JAVIER  
Address: 7340 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP ( ) Delete  
Name: MAGDE, CARLOS C  
Address: 7340 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: S,T ( ) Delete  
Name: MAGDE, MILAGROS  
Address: 7340 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALVA, JAVIER  
Address: 10020 SHERIDAN ST APT 212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change ( ) Addition  
Name: MAGDE, CARLOS C  
Address: 10020 SHERIDAN ST APT 212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S,T (X) Change ( ) Addition  
Name: MAGDE, MILAGROS  
Address: 10020 SHERIDAN ST APT 212  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: JAVIER ALVA

JA

07/06/2008

Electronic Signature of Signing Officer or Director

Date