

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 043 ***158.75

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1. Entity Name
**IMPRESSIONS OF MIAMI INTEGRATED
COMMUNICATIONS, INC.**



Principal Place of Business
**7168 S.W. 47TH STREET
MIAMI, FL 33155**

Mailing Address
**7168 S.W. 47TH STREET
MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #
6960 SW 47ST
Suite, Apt. #, etc.

3. Mailing Address
6960 SW 47ST
Suite, Apt. #, etc.



01252008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33155 Country

City & State
MIAMI-FL
Zip
33155 Country

4. FEI Number
20-3161760 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEGRERA, DANNALIZ
5313 S.W. 89TH AVENUE
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SEGRERA, DANNALIZ**
STREET ADDRESS **5313 S.W. 89TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VP** ☐ Delete
NAME **SEGRERA, JOSE**
STREET ADDRESS **5313 S.W. 89TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #