

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000127515

1. Entity Name
IMAX JEWELRY & REPAIR, INC.



Principal Place of Business
104 MAGNOLIA PARK TRAIL
SANFORD, FL 32771

Mailing Address
104 MAGNOLIA PARK TRAIL
SANFORD, FL 32771

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3578528	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EBRAHIM, AHMED
104 MAGNOLIA PARK TRAIL
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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 if applicable. (NOTE: Registered Agent signature required when renaming)

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

U000000939601
05/28/08-80026-015-150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME EBRAHIM, AHMED
STREET ADDRESS 104 MAGNOLIA PARK TRAIL
CITY-ST-ZIP SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

TITLE
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: *Abd Elrahman*

3/17/08

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR