


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

06-18-2008 90001 031 ***150.00

DOCUMENT # P07000099002 1. Entity Name ADVANCE IMAGE SERVICES INC.			
Principal Place of Business 178 NW 44TH STREET MIAMI, FL 33127 US		Mailing Address 178 NW 44TH STREET MIAMI, FL 33127 US	
2. Principal Place of Business - No P.O. Box # 1691 W 37th St Suite, Apt. #, etc. @ BAY 28E		3. Mailing Address 1691 W 37th St Suite, Apt. #, etc. Apt 204	
City & State Hialeah, Florida Zip 33012		City & State MIAMI, FL Zip 33127	
Country Dade		Country Dade	
4. FEI Number 26-0839486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEPEDA, RAFAEL B 178 NW 44TH STREET MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEPEDA, RAFAEL B 178 NW 44TH STREET MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cepeda Rafael 1691 W 37th St Bay 28E Hialeah, FL 33012	<input type="checkbox"/> Delete	<input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/13/08 Daytime Phone # 786-223-4323	

ATTACHMENT

40108570

To Whom It May Concern:

May 3, 2008

Florida Division of Corporations

~~May 1 was the last day to file my 2007 Annual Report and I did but the system gave me~~
and error when processing my credit card...

Here the error

The system can not process your credit card at this time.

Please find a check inside for \$ 150 dollars.

Document Number P07000099002

Thank you,
Advance Image Services
Rafael Cepeda
786-223-4323