ANNUAL REPORT

1500 SAN REMO AVENUE

CORAL GABLES, F 33146

SUITE 249

DOCUMENT # P94000053312 IMAGE FACTORY-ADVERTISING DESIGN, INC. Principal Place of Business Mailing Address



FILED May 14, 2004 8:00 am **Secretary of State**

04-27-2004 90074 042 ***158.75

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No Chg-P 04162004 CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 65-0505587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

IN THIS SPACE

Fee Required

DO NOT WRITE

STRUMP, WALTER N 1500 SAN REMO AVENUE **SUITE 249** CORAL GABLES, FL 33146

1500 SAN REMO AVENUE

CORAL GABLES, FL 33146

SUITE 249

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8. I	The above named entity submits this state	ment for the purpose of changing its re-	gistered office or reg	istered agent, or	both, in the State of I	Torida. I am familia	r with, and accep

SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Register	ed Agent eignature required when reinstating)	DATE	
FiL: After Ma	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	incing \$5.00 May Be		
10. OFFICERS AND DIRECTOR		TORS	the second and the second	entre Carlo mande de la come de la Carlo de la Car	7 - F1 F F1 - F2 F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUMP, WALTER N 1500 SAN REMO AVENUE SUITE 249 CORAL GABLES, FL)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN-	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.