May 05
Secr

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069806

1. Entity Name
BIODERMETIQUES IMAGES INC.

Principal Place of Business
2338 IMMOKALEE RD.
#271
NAPLES, FL 33942-1445

Mailing Address
2338 IMMOKALEE RD.
#271
NAPLES, FL 33942-1445

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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554919
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WISER, DONALD
2338 IMMOKALEE RD
#271
NAPLES, FL 33942

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000156561
05/05/04-80082-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WISER, VIRGINIA
STREET ADDRESS	22655 ISLAND LAKES DRIVE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: Virginia Wiser VIRGINIA WISER 4/29/04 239-947-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #