


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # P94000077566 |  |
| 1. Entity Name SOCIAL IMAGES, INC. | |

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|---|---|
| Principal Place of Business 19902 N.W. 88TH AVE. MIAMI, FL 33018 US | Mailing Address 19902 N.W. 88TH AVE. MIAMI, FL 33018 US |
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04142005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0528074 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NESCAR AUTOMOTIVE PRODUCTS, INC. 14572 SW 95 LANE MIAMI, FL 33186 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRIANA, MARIA D 19902 N.W. 88TH AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TRIANA, NELSON F 19902 NW 88TH AVE MIAMI, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maria Triana MARIA TRIANA 4-20-05 786-891-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #