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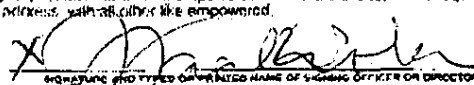
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Apr-2

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90256 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027849			
1. Entity Name THE IMPRESSION GROUP SOUTH, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 400 SOUTH POINTE DR		3. Mailing Address 400 SOUTH POINTE DR.	
Suite, Apt. #, etc. # 1906		Suite, Apt. #, etc. # 1906	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33139	Country USA	Zip 33139	Country USA
4. FEI Number 65-0595636		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MONTERO, IVY R			
Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH POINTE DRIVE # 1906			
City MIAMI BEACH		FL	Zip Code 33139
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			
SIGNATURE  (NOTE: Registered agent signature required when resigning) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)		January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PV NOLAN, JOHN J 400 SOUTH POINTE DRIVE # 1906 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 its registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/26/04 305-532-6557	
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR		DATE	