2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2004 08:00 AM Secretary of State DOCUMENT # P96000012209 I.M.S. TECHNOLOGIES, INC. Mailing Address Principal Place of Business 4611 S UNIVERSITY DRIVE, #111 DAVIE FL 33328 4611 S UNIVERSITY DRIVE, #111 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0640867 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONG, RICHARD 4611 S UNIVERSITY DRIVE, #111 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33328** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature regulard when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete स्सा ह TITLE WONG, RICHARD MAME NAME U00000038978 14321 SW 47TH CT STREET ADDRESS STREET ADDRESS 02/06/04-80123-015 150.00 CITY-ST-ZIP FT LAUDERDALE FL 33330 CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Defete BRE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TETLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-57-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS. STREET ADDRESS CITY: ST: 7/P CITY-ST-ZIP Change Addition Delete BBLE 7172 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZP ☐ Delete THE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZXP CITY-S7-7IP 12. I hereby certify that the information supplied with this filling 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 eath; 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.

FILED

Richard Wone 2/2/04 84-680-2009

RICHARD WONE 2/2/04 Styles Plane *