

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000068946 1. Entity Name IMAGE FASHIONS, INC.																																																																																																														
Principal Place of Business 9501 ARLINGTON EXPWY STE 505 JACKSONVILLE, FL 32225			Mailing Address 9501 ARLINGTON EXPWY STE 505 JACKSONVILLE, FL 32225																																																																																																											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																											
City & State			City & State																																																																																																											
Zip		Country		4. FEI Number 59-3395603																																																																																																										
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable																																																																																																												
6. Name and Address of Current Registered Agent OUM, JAE K 128 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082																																																																																																														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PTD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>OUM, JAE K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>128 TWELVE OAKS LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>OUM, JUMI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>128 TWELVE OAKS LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PTD	☐ Delete	NAME	OUM, JAE K		STREET ADDRESS	128 TWELVE OAKS LANE		CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		TITLE	VSD	☐ Delete	NAME	OUM, JUMI		STREET ADDRESS	128 TWELVE OAKS LANE		CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: _____ 7/26/05 904- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																														