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FILED
May 27 1997 8:00am
Secretary of State

PROFIT
PORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000093757 (8)**

1. Corporation Name
INFINITE TATTOO, INC.

Principal Place of Business	Mailing Address
4009 NE 21 AVE #1 FT LAUDERDALE FL 33308	4009 NE 21 AVE #1 FT LAUDERDALE FL 33308-5654

3. Date Incorporated or Qualified: 11/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 2810 N Oakland Forest Dr #209
22 Suite, Apt. #, etc.: ADT #1209
23 City & State: Oakland Park, FL
24 Zip: 33309
25 Country: US

2a. Mailing Address
26: 2810 N. Oakland Forest Dr #209
27 Suite, Apt. #, etc.: 209
28 City & State: Oakland Park, FL
29 Zip: 33309
30 Country: US

4. FEI Number: 65-0708286 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTINEZ, PAUL
4009 NE 21 AVE #1
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Paul Martinez
82 Street Address (P.O. Box Number is Not Acceptable): 2810 N Oakland Forest Dr #209
83
84 City: Oakland Park FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	PAUL A. MARTINEZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	2810 N. OAKLAND FOREST DR #209 OAKLAND PARK FL. 33309.	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	#165 Band

5/27/97

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X _____ 954-730-7724