

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90017 031 \*\*\*150.00

**DOCUMENT # P9700006669**

1. Entity Name

IMG INTERNATIONAL CORPORATION



Principal Place of Business

17831 NW 19TH STREET  
PEMBROKE PINES FL 33029

Mailing Address

17831 NW 19TH STREET  
PEMBROKE PINES FL 33029

34067070



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0770948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RABENSEIFNER, HANNA  
905 BRICKELL BAY DRIVE SUITE 1841  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Paul Franson

Street Address (P.O. Box Number is Not Acceptable)

150 S. University Dr, #C

City Plantation

FL

Zip Code 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRUM, ENEAS R  
STREET ADDRESS 9050 PINES BLVD SUITE 210  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ Delete  
NAME LEONARDI, LUIZ  
STREET ADDRESS 9050 PINES BLVD SUITE 210  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ Delete  
NAME COVRE, MARCOS  
STREET ADDRESS 9050 PINES BLVD SUITE 210  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 150 S. University Drive, #C  
CITY-ST-ZIP Plantation, FL 33324

TITLE SAME ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 150 S. University Drive, #C  
CITY-ST-ZIP Plantation, FL 33324

TITLE SAME ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 150 S. University Drive, #C  
CITY-ST-ZIP Plantation, FL 33324

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

12. I 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENEAS R. BRUM 02/26/2004 954 472-9144

Date

Daytime Phone #