

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000066691

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

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

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

FRANSON, PAUL
150 S. UNIVERSITY DR. #C
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**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

TITLE	D
NAME	BRUM, ENEAS R
STREET ADDRESS	150 S. UNIVERSITY DR., #C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	LEONARDI, LUIZ
STREET ADDRESS	150 S. UNIVERSITY DRIVE, #C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	COVRE, MARCOS
STREET ADDRESS	150 S. UNIVERSITY DRIVE, #C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/05-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Eneas Brum ENEAS BRUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 FEB 2005

Date

5512 39468922

Daytime Phone #