"2004 ANNUAL REPORT"

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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000017963

1. Corporation Name

IMAGE TEN PRODUCTS INC.

Principal Place of Business	Mailing Address
7383 NW 8 St. Miami FL 33126	7383 NW 8 St. Miami FL 33126

3. Date Incorporated or Qualified: 02/24/1998
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 880 SW 70 Ave	26 P.O. BOX 441229
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami FL.	28 City & State: Miami FL.
24 Zip: 33144 25 Country: USA.	29 Zip: 33144-1229 30 Country: USA

4. FEI Number: 65-0816860 — Applied For / Not Applica

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	10. Name and Address of New Registered Agent
FERNANDO PACHECO 7383 NW 8 St. Miami FL 33126	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 880 SW 70 Ave 83 84 City: Miami FL 85 Zip Code: 33144

11. Pursuant to the provisions of Sections 607.0502 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: [signature] FERNANDO PACHECO (PRES) 4/20/04
(If changing registered office or registered agent and this box applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	11 TITLE		☒ Change ☐ Add
NAME	JAIRO LADINO		12 NAME		
STREET ADDRESS	7387 NW 8 St.		13 STREET ADDRESS	880 SW 70 Ave	
CITY-ST-ZIP	Miami FL 33126		14 CITY-ST-ZIP	Miami FL 33144	
TITLE		☐ DELETE	21 TITLE	VP/D	☐ Change ☒ Add
NAME			22 NAME	FERNANDO PACHECO	
STREET ADDRESS			23 STREET ADDRESS	880 SW 70 Ave	
CITY-ST-ZIP			24 CITY-ST-ZIP	Miami FL 33144	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Add
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Add
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Add
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Add
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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; 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]