

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90003 027 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000030113	
1. Entity Name EXECUTIVE IMAGE, INC.	
	
Principal Place of Business 20533 BISCAYNE BLVD SUITE 132 AVENTURA, FL 33180	Mailing Address 20533 BISCAYNE BLVD PMB 132 AVENTURA, FL 33180

54059674



2. Principal Place of Business
21218 ST. ANDREWS BLVD., # 235

3. Mailing Address
21218 ST. ANDREWS BLVD., # 235

Suite, Apt., etc. # 235	Suite, Apt., etc. # 235	06282004	Chg-P	CR2E034 (10/03)
City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 65-0824861	Applied For ☐ Not Applicable	
Zip 33433	Country USA	Zip 33433	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEDUSKI, SUE 815 NE 12 AVE FT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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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 file if applicable. (NOTE: Registered Agent signature required when not filing) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEDUSKI, SUE 815 NE 12 AVE FT LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, MARILYN 19185 MYSTIC PTE DR AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD, MARILYN 20100 BOCA WEST DRIVE, APT 153. BOCA RATON, FL 33434 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Marilyn Bernard **6/29/04** **561 488-4668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54059674
Executive Image Inc. # 198000230113
The -tra special
PROMOTIONAL PRODUCTS GROUP

Marilyn Bernard

6/29/04

To Whom it may Concern

Executive Image did NOT Receive Either
Notice OR Form for 2004 Annual Report

Because we did NOT Receive Either form
OR Notice, we Request LATE fee Be Waived

Enclosed is check for \$ 1501.00
3726.

Marilyn Bernard

MARILYN BERNARD

Sect