

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000037027**

1. Entity Name

IMAGINATION AND INFORMATICS U.S.A., INC.



Principal Place of Business

900 W 49TH ST  
STE 540  
HIALEAH FL 33012  
US

Mailing Address

900 W 49TH ST  
STE 540  
HIALEAH FL 33012  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837924**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, GUILLERMO  
900 W 49TH ST SUITE 540  
HIALEAH FL 33012

Name

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

City

**FL**

Zip Code

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS MOSQUERA, TONNY  
CITY - ST - ZIP 900 W 49TH STREET, SUITE 540  
HIALEAH FL 33012

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ARANGO DE CHABUR, CARMENZA  
CITY - ST - ZIP 900 W 49TH STREET, SUITE 540  
HIALEAH FL 33012

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LLaurado, Isabel  
CITY - ST - ZIP 301 174 STREET, #1220  
MIAMI FL 33160

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CASTILLO, GUILLERMO  
CITY - ST - ZIP 8 TRANSYLVANIA AVENUE  
KEY LARGO FL 33037

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
02/27/04-80056-024 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

**GUILLERMO CASTILLO - 02-24-04 - 305-558-0859**