2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90046 046 ***150.00

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1. Entity Name
IMAGE MANAGEMENT SYSTEMS AND SUPPORT CORP.

50004555

Principal Place of Business	Mailing Address
20590 W. DIXIE HIGHWAY N MIAMI BEACH, FL 33180 US	20590 W DIXIE HWY N MIAMI BEACH, FL 33180

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0882342
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	LEIBOWICH, SHLOMO DR.
STREET ADDRESS	370 ALEXANDRA CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE	D
NAME	PORGES, REUVEN DR
STREET ADDRESS	20590 W. DIXIE HWY
CITY-ST-ZIP	N. MIAMI BEACH, FL 331801129
TITLE	D
NAME	RODRIGUEZ, MARIA DR.
STREET ADDRESS	20590 W. DIXIE HWY
CITY-ST-ZIP	N. MIAMI BEACH, FL 331801129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #