

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000089305	
1. Entity Name IMAGE MANAGEMENT SYSTEMS AND SUPPORT CORP.	

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

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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. ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131
--

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

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

DO NOT WRITE IN THIS SPACE

U000000620106
02/09/07-80024-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

Daytime Phone #