# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089305

1. Entity Name
IMAGE MANAGEMENT SYSTEMS AND SUPPORT CORP.

**FILED**
**Jul 25, 2008 08:00 AM**
**Secretary of State**

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

07072008 No Chg-P CR2E034 (11/05)

**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.
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 $550.00**
**Due by September 12, 2008**

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 | |

U00000956291
07/25/08-80001-020 550.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ 7/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #