

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90397 021 ***150.00

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1. Entity Name
P & S IMAGE, INC.



Principal Place of Business
**3710 SW 152 PATH
MIAMI, FL 33185**

Mailing Address
**3710 SW 152 PATH
MIAMI, FL 33185**

24030480



2. Principal Place of Business
14947 S.W. 142 CT
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL
Zip
33186

City & State
Zip
Country

4. FEI Number
65-0919373
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUM, PABLO
9661 SW 148 PL
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name
PABLO BLUM
Street Address (P.O. Box Number is Not Acceptable)
14947 S.W. 142 CT
City
MIAMI FL Zip Code
33186

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 **PABLO BLUM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-11-2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **P** ☐ Delete
STREET ADDRESS
BLUM, PABLO
CITY-ST-ZIP
**3710 SW 152 PATH
MIAMI, FL 33185**

TITLE
NAME **V** ☐ Delete
STREET ADDRESS
AQUILLAN, SANDRA
CITY-ST-ZIP
**3710 SW 152 PATH Y
MIAMI, FL 33185**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P** ☐ Change ☐ Addition
STREET ADDRESS
PABLO BLUM
CITY-ST-ZIP
**14947 S.W. 142 CT
MIAMI, FL 33186**

TITLE
NAME **V** ☐ Change ☐ Addition
STREET ADDRESS
SANDRA AGUILLON
CITY-ST-ZIP
**14947 S.W. 142 CT.
MIAMI, FL 33186**

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: **PABLO BLUM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-2004

Date

Daytime Phone #