2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED		
DOCUMENT # P99000058271				Apr 20, 2005 08:00 A		
1. Enlity Name IMAGINATION PICTURE FRAME & ART, INC.				Secretary of State		
1528 ALTO	ce of Business N ROAD H, FL 33139	Mailing Address _ 1528 ALTON ROAD MIAMI BEACH, FL 33139	= . .			
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F			^=```	04182005 No Chg-P CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			4. FEI Number 65-0930985 Not Applicable			
		· · · · · · · · · · · · ·	en e	5 Certificate of Status Desired Status Additional		
	6. Name and Address of Curre	nt Registered Agent		Fee Required		
1528 ALTON ROAD				DO NOT WRITE		
MIAMI BEACH, FL 33139			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 any familiar with, and accept the obligations of registered agent.						
almust of 12/05						
SIGNATURE.		ent and title it applicable (NOTE. Registe	red Agent signature required	I when reinstating) / DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Campaign Fina 0.00 Trust Fund Contribution		00 May Be ed to Fees		
10.		ND DIBECTORS				
title Name	PVST – ROJAS, ARTURO			· · · ·		
STREET ADDRESS CITY - ST - ZIP	s 1528 ALTON ROAD MIAMI BEACH, FL 33139		000000316992 04/20/05-80001-001 150.00			
TITLE	D		-			
NAME	ROJAS, ARTURO					
STREET ADDRESS CITY-ST-ZIP	1528 ALTON ROAD MIAMI BEACH, FL 33139					
TITLE		· · · · ·				
NAME STREET ADDRESS				DO NOT WRITE		
CITY - ST- ZIP		· · · · · ·	-			
TITLE NAME				IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP						
TITLE		······································				
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied w	/ith this filing does not qualify for the ex	emption stated in Se	ction 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated of the cor	I on this report or supplemental report rporation or the receiver or trustee driver on an attachment with an order	t is true and accurate and that my sign powered to execute this report as requ	ature shall have the s uired by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if		
1 Rear L/X				04/18/02 305 5320609		
SIGNATURE:				Date Daytime Phone #		