

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91056 026 \*\*\*150.00

<b>DOCUMENT # P99000061041</b> 1. Entity Name <b>IMAGECORP.MARKETING AND COMMUNICATION, INC.</b>			
Principal Place of Business <b>400 NW. 115 TH WAY, 2010 CORAL SPRINGS FL 33071</b>		Mailing Address <b>400 NW. 115 TH WAY CORAL SPRINGS FL 33071</b>	
2. Principal Place of Business <b>3301 NE 5 AVE</b> Suite, Apt. #, etc. <b>APT # 1109</b>		3. Mailing Address <b>3301 NE 5 AVE</b> Suite, Apt. #, etc. <b>APT # 1109</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33137</b>		Zip <b>33137</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0932539</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANKY, CARLOS 400 NW. 115 TH WAY CORAL SPRINGS FL 33071</b>		7. Name and Address of New Registered Agent Name <b>FRANKY CARLOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3301 NE 5 AVE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33137</b>	
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 <b>CARLOS FRANKY</b> <b>APR-25-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>FRANKY, CARLOS</b> <input type="checkbox"/> Delete <b>400 NW. 115 TH WAY</b> <b>CORAL SPRINGS FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>FRANKY CARLOS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3301 NE 5 AVE.</b> <b>33137 MIAMI FL.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>FRANKY, VIVIANA</b> <input type="checkbox"/> Delete <b>400 NW 115 TH WAY</b> <b>CORAL SPRINGS FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>FRANKY VIVIANA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3301 NE 5 AVE.</b> <b>MIAMI FL 33137.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GENERAL MANAGER</b> <input type="checkbox"/> Delete <b>FRANKY JUAN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GENERAL MANAGER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FRANKY JUAN</b> <b>3301 NE 5 AVE.</b> <b>MIAMI FL 33137.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**CARLOS FRANKY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR-25-04**  
Date Daytime Phone #