

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045088

FILED
Jan 29, 2005
Secretary of State

Entity Name: PEPITO MASTERPIECE PORTRAITS, INC

Current Principal Place of Business:

202 S LOIS AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

202 S LOIS AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3104358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, JOSE A
17410-A US HWY 41 N
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

VALDES, JOSEPH
202 S LOIS AVENUE
TAMPA, FL 33609 US

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.

SIGNATURE: JOSEPH VALDES

01/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, JOSEPH L
Address: 202 S LOIS AVE
City-St-Zip: TAMPA, FL 33609

Title: ST () Delete
Name: BAKER, JULIE M
Address: 202 S LOIS AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, JOSEPH L
Address: 202 S LOIS AVE
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L VALDES

P

01/29/2005

Electronic Signature of Signing Officer or Director

Date