


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000023650
 1. Entity Name
PHOTOGRAPHY BY LUIS, INC.



Principal Place of Business Mailing Address
321 SW 30 AVE **321 SW 30 AVE**
MIAMI, FL 33135-2711 **MIAMI, FL 33135-2711**

DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0480848 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, LUIS
321 SW 30 AVE
MIAMI, FL 33135-2711

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, LUIS
STREET ADDRESS	321 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 331352711
TITLE	D
NAME	GONZALEZ, MILAGROS C
STREET ADDRESS	321 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 331352711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Luis Gonzalez LUIS GONZALEZ 2-5-06 (305) 321-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #