

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33791

**Entity Name:** PALM BEACH PHOTOGRAPHIC CENTRE, INC.**Current Principal Place of Business:**415 CLEMATIS ST  
WEST PALM BEACH, FL 33401**Current Mailing Address:**415 CLEMATIS ST  
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-2801420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEJAME, FATIMA  
415 CLEMATIS  
WEST PALM BEACH, FL 33401 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	NEJAME, FATIMA
Address	6525 SOUTH FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DS
Name	ROBERTS, CAROL
Address	6708 PAMELA LANE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR
Name	MORRISON, TOMMY
Address	222 LAKEVIEW AVE. PH 5
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	KOENIGSBERG, JAY
Address	1200 BRICKELL AVENUE SUITE 1900
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	NEJAME, ARTHUR B
Address	6525 S FLAGLER
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR
Name	SOSNOW, LARRY
Address	156 SUNSET AVENUE
City-State-Zip:	PALM BEACH FL 33480

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FATIMA NEJAME**PRESIDENT****01/09/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date