

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H19767

**Entity Name:** THE PHOTO SESSION, INC.

**Current Principal Place of Business:**

49 HOUGH DR  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

P O BOX 660033  
MIAMI SPRINGS, FL 33266 US

**FEI Number:** 59-2443699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TPS MANAGEMENT  
49 HOUGH DR  
MIAMI SPRINGS, FL 33166 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 DPCT  
Name MATOS, IRMA  
Address 49 HOUGH DR  
City-State-Zip: MIAMI SPRINGS FL 33166

Title VP  
Name MATOS, IVON  
Address 49 HOUGH DR  
City-State-Zip: MIAMI SPRINGS FL 33166

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

**SIGNATURE:** IRMA MATOS

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date