

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000097824

**Entity Name:** PHOTOGRAPHY BY CLAUDIA, CORP.

**Current Principal Place of Business:**

815 N. HOMESTEAD BLVD  
112  
HOMESTEAD, FL 33030

**Current Mailing Address:**

815 N. HOMESTEAD BLVD #112  
HOMESTEAD, FL 33030

**FEI Number:** 20-1310443

**Certificate of Status Desired:** No

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

LAGEYRE, CLAUDIA  
815 N HOMSTEAD BLVD #112  
HOMESTEAD, FL 33030 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 P  
Name LAGEYRE, CLAUDIA  
Address 815 NORTH HOMESTEAD BLVD #112  
City-State-Zip: HOMESTEAD FL 33030

*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:** CLAUDIA LAGEYRE

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date