

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 494168

1. Entity Name
CREATIVE IMAGE PHOTOGRAPHY, INC.



Principal Place of Business
**4715 NW 9TH AVE
FT LAUDERDALE, FL 33309**

Mailing Address
**4715 NW 9TH AVE
FT LAUDERDALE, FL 33309**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1656756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANG, GERALD F., JR.
11750 NW 14 STREET
PLANTATION, FL 33323**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LANG, JOHANNA H.
STREET ADDRESS	11750 NW 14TH STREET
CITY-ST-ZIP	PLANTATION, FL
TITLE	P
NAME	LANG, GERALD F., JR.
STREET ADDRESS	11750 NW 14 STREET
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000785894
01/17/08-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johanna Lang
1/14/08 954-772-6644

Date

Daytime Phone #