2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 650318

1. Entity Name
PHOTOGRAPHY BY MOYA, INC.

Principal Place of Business	Mailing Address
4212 SOUTH DIXIE HIGHWAY	4212 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1962759	Not Applicable

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

6. Name and Address of Current Registered Agent

MOYA, MIGUEL F., JR.
4212 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33405

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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 _____   3-14-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOYA, MIGUEL F JR
STREET ADDRESS	961 BRIARWOOD DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	STD
NAME	MOYA, YOLANDA P
STREET ADDRESS	961 BRIARWOOD DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/23/05-80023-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   3-14-05   (561) 832-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #