2004-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2004 08:00 AM **DOCUMENT # F15134 Secretary of State** 1. Entity Name D S PHOTOGRAPHY & ASSOCIATES, INC. Principal Place of Business Mailing Address 10810 NW 17TH CT. PEMBROKE PINES FL 33026 10810 NW 17TH CT. PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicat Zic Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KASKY, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FT. LAUDERDALE FL 33310-9057 City Zip Code 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 acres the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8. After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TIRLE ☐ Defete ☐ Change ☐ Add™ NAME SEIDMAN, DONALD A NAME U00000014476 10810 NW 17TH COURT STREET ADDRESS STREET ADDRESS /27/04-80025-012 150.00 CITY -ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP mle ☐ Delete TIBLE Change □ A ··· NAME SEIDMAN, BOBBIE JEAN MAME 10810 NW 17TH COURT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TIBLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CATY - ST - ZAP TITLE Delete TITLE ☐ Change ☐ Addinin NAME BAAAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLE ☐ Delete THE Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY - ST - ZIP TITLE Delete TITLE □ Adding Change NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-7/P CRTY - ST - ZRP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2204 954 4365451

**FILED**