


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G41120**  
 1. Entity Name  
 TIFFANY PHOTOGRAPHIC, INC.



Principal Place of Business  
 948 NE 20TH AVENUE  
 FT. LAUDERDALE, FL 33304

Mailing Address  
 948 NE 20TH AVENUE  
 FT. LAUDERDALE, FL 33304

**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2332718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HURTH, ROBERT  
 2413 N.E. 13TH ST.  
 FT. LAUDERDALE, FL 33304

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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 \_\_\_\_\_ U00000769585  
 \_\_\_\_\_ 07/19/07-80007-012 150.00  
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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURTH, SHEILA 2413 N.E. 13TH ST. FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HURTH, ROBERT 2413 N.E. 13TH ST. FT. LAUDERDALE, FL 33304
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Sheila Hurth 7-13-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #