2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G41120 1. Entity Name TIFFANY PHOTOGRAPHIC, INC. Principal Place of Business Mailing Address 948 NE 20TH AVENUE 948 NE 20TH AVENUE FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304

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



DO NOT WRITE IN THIS SPACE

07132007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2332718 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE

DO NOT WRITE IN THIS SPACE

the obligations of registered agent. U00000769585 SIGNATURE 07/19/07-80007-012 150.00					
Signature, typod or printed harve of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$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	PD			·	- • ·
NAME	HURTH, SHEILA				
STREET ADDRESS	2413 N.E. 13TH ST.				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304				
TITLE	VPST	-			
HAME	HURTH, ROBERT				
STREET ADDRESS	2413 N.E. 13TH ST.				
CITY-ST-ZIP	FT. LAUDERDLE, FL 33304				
TITLE					:
NAME					
STREET ADDRESS				DO	NOT WOITE
CITY-ST-ZIP				טט	NOT WRITE
TITLE	-		,	iai '	THIS SPACE
name				11.4	ITIO SPACE
STREET ADDRESS					_
CITY-ST-ZIP					
TITLE					•
name					
STREET ADDRESS			-	. =	
CITY-ST-ZIP					· .
TITLE				•	
NAME					
STREET ADDRESS					•
CITY-ST-ZIP					
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 attaching high an address, with all other like empowered.					

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