

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90016 008 ***150.00

DOCUMENT # G74507

1. Entity Name
BEST ONE HOUR PHOTO LAB, INC.



Principal Place of Business
500 WEST 49TH ST.
HIALEAH, FL 33012

Mailing Address
500 WEST 49TH ST.
HIALEAH, FL 33012

40049155



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2412893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, MEDARDO
242 PALM AVE
MIAMI, FL 33139

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTINEZ, MEDARDO 242 PALM AVE MIAMI BEACH, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MEDARDO JR 242 PALM AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, CLAUDIA 242 PALM AVE MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3/20/07 ✓ 7863809150