2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G74507

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

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

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2412893	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, 2008 Fee will be $550.00

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

UIDODDD922446
02/19708-80068-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MARTINEZ, MEDARDO
STREET ADDRESS	242 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33169
TITLE	VP
NAME	MARTINEZ, MEDARDO JR
STREET ADDRESS	242 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	MARTINEZ, CLAUDIA
STREET ADDRESS	242 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:✓ _Medardo Martinez_   ✓ 2/7/08   ✓ 786-385-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #