2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2009
Secretary of State

DOCUMENT# L07000060255

Entity Name: PHOTO XPEDITIONS, LLC

Current Principal Place of Business:

11395 NW 66TH STREET
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11395 NW 66TH STREET
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-0325555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET C-201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOUZON, RAUL
Address: 5882 NW 113TH PLACE
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: CORTES, HERZEN
Address: 11395 NW 66TH STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: CONSTANDSE, VANESSA
Address: 11395 NW 66TH STREET
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HERZEN CORTES MGR 09/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date