


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90017 049 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # L54440</b><br>1. Entity Name<br>PILOTO PHOTO CENTER, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>12010 SW 8 ST<br>MIAMI, FL 33184 US | Mailing Address<br>12010 SW 8 ST<br>MIAMI, FL 33184 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>65-0174915      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>PILOTO, CARLO<br>1200 SW 126TH PLACE<br>MIAMI, FL 33184 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>PILOTO, CARLO<br>1200 S.W. 126 PLACE<br>MIAMI, FL 33184          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE PRESIDENT<br>AUDREY PILOTO<br>1300 SW 126 PLACE<br>MIAMI, FL 33184 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

*→ Add this New Officer.*

**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: <i>Carlo Piloto</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <i>02/22/06</i><br>Date | <i>(305) 226-3666</i><br>Daytime Phone # |
|--|-------------------------|--|