

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L96730

1. Entity Name
BLAISE'S PHOTO STUDIO & GIFT SHOP INC.



Principal Place of Business
**130 N. FLAGLER AVE.
POMPANO BEACH, FL 33060**

Mailing Address
**130 N. FLAGLER AVE.
POMPANO BEACH, FL 33060**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AUGUSTIN, BLAISE
130 N. FLAGLER AVE.
POMPANO BEACH, FL 33060**

**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 obligation of registered agent.

SIGNATURE: *Blaise Augustin* DATE: 2-17-06
Signature, typed or printed name of registered agent and is applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AUGUSTIN, BLAISE
STREET ADDRESS	130 N. FLAGLER AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	VP
NAME	AUGUSTIN, ALGALITE
STREET ADDRESS	130 N. FLAGLER AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/03/06-80029-015 150.00

**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: *Blaise Augustin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 (954) 943-9457
Date Daytime Phone #