


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90196 010 \*\*\*150.00

**DOCUMENT # M25539**

1. Entity Name  
**FOTOCONCEPT, INC.**



Principal Place of Business  
**18020 SW 66TH ST  
SUITE 222  
FT. LAUDERDALE FL 33331  
US**

Mailing Address  
**18020 SW 66TH ST  
SOUTH WEST RANCHES FL 33331  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2627011**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORRADA-BERTSCH, AIDA  
18020 SW 66 STREET  
SOUTH WEST RANCHES FL 33381**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City, State, Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERTSCH, WERNER J.</b>	
STREET ADDRESS	<b>18020 SW 66 ST</b>	
CITY-ST-ZIP	<b>SOUTH WEST RANCHES FL 33331</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> Delete
NAME	<b>BERTSCH, WERNER J.</b>	
STREET ADDRESS	<b>18020 SW 66 ST</b>	
CITY-ST-ZIP	<b>SOUTH WEST RANCHES FL 33331</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>BERTSCH, AIDA CORRADA</b>	
STREET ADDRESS	<b>18020 SW 66 ST</b>	
CITY-ST-ZIP	<b>SOUTH WEST RANCHES FL 33331</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: AIDA CORRADA-BERTSCH **REQUIRED** 12/31/03 9546001799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment #



8003759

FLORIDA DEPARTMENT OF STATE

Ken Detzner

Secretary of State

February 3, 2003

FOTOCONCEPT, INC.  
18020 SW 66TH ST  
SOUTH WEST RANCHES, FL 33331 US

Subject: FOTOCONCEPT, INC.

Reference Number: M25539

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION