

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 027 ***150.00

DOCUMENT # M47902 1. Entity Name COLORIFFIC PHOTO SYSTEMS, INC.			
Principal Place of Business C/O JOHN SHMEULI 17021 N BAY RD #526 NORTH MIAMI BEACH, FL 33160 US		Mailing Address C/O JOHN SHMEULI 17021 N BAY RD #526 NORTH MIAMI BEACH, FL 33160 US	
2. Principal Place of Business - No P.O. Box # JOHN SHMEULI		3. Mailing Address JOHN SHMEULI	
Suite, Apt. #, etc. 5905 S.W. 58 CT		Suite, Apt. #, etc. 5905 S.W. 58 CT	
City & State DAVIE FL 33314		City & State DAVIE FL 33314	
Zip 	Country 	Zip 	Country
4. FEI Number 59-2782511		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHMEULI, JOHN 17021 N BAY RD 624 N. MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME SHMEULI, JOHN	TITLE 	NAME
STREET ADDRESS 17021 N BAY RD #526	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4.7.08 Daytime Phone: 954-964-6656	