


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90015 024 \*\*\*150.00

<b>DOCUMENT # M59034</b> 1. Entity Name <b>NICK'S QUALITY PHOTO STUDIO, INC.</b>			
Principal Place of Business <b>8212 NE 2ND AVENUE MIAMI, FL 33138</b>		Mailing Address <b>8212 NE 2ND AVENUE MIAMI, FL 33138</b>	
2. Principal Place of Business <b>11500 NW 7 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11500 NW 7 AVENUE</b> Suite, Apt. #, etc.	
City & State <b>NORTH MIAMI FL</b>		City & State <b>NORTH MIAMI FL</b>	
Zip <b>33168</b>	Country	Zip <b>33168</b>	Country
4. FEI Number <b>59-2842890</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DECIUS, NICK 8212 N.E. 2ND AVE MIAMI, FL 33138</b>		7. Name and Address of New Registered Agent Name <b>DECIUS, NICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>11500 NW 7TH AVENUE</b> City <b>NORTH MIAMI</b> <b>FL</b> Zip Code <b>33168</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DECIUS, NICK 281 NW 148TH ST MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DECIUS, LUNIA L. 281 NW 148TH STREET MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Nick Decius</i> <b>NICK DECIUS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>305-688-2620</b> <small>Daytime Phone #</small>	