
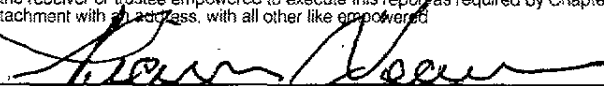


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M59034		
1. Entity Name NICK'S QUALITY PHOTO STUDIO, INC.		
Principal Place of Business 11500 NW 7 AVENUE MIAMI, FL 33168	Mailing Address 11500 NW 7 AVENUE MIAMI, FL 33168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DECIUS, NICK 11500 NW 7TH AVENUE MIAMI, FL 33168		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 obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	DECIUS, NICK	
STREET ADDRESS	281 NW 148TH ST	
CITY - ST - ZIP	MIAMI, FL 33168	
TITLE	S	
NAME	DECIUS, LUNIA L.	
STREET ADDRESS	281 NW 148TH STREET	
CITY - ST - ZIP	MIAMI, FL 33168	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2842890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UN00000403481
02/08/06-80101-011 150.00