


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 027 ****61.25

EPDVNF0U!\$ N05000000218 2/ Entity Name FOTOMISSION, INC.					
Principal Place of Business P. O. BOX 190095 MIAMI BCH, FL 33119-0095			Mailing Address P. O. BOX 190095 MIAMI BCH, FL 33119-0095		
3/ Principal Place of Business Suite, Apt. #, etc.			4/ Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5/ FEI Number 75-3178865	
6/ Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
7/ Obn f lboe!Beesf t t lpgDvsf ouSf hjt u f e!Bhf ou					
PEREZ, ROSENDO M 541 13TH ST., #3 MIAMI BCH, FL 33119					
8/ Obn f lboe!Beesf t t lpgOf x ISf hjt u f e!Bhf ou					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
GM Zip Code					
9/ 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 <u>Rosendo M. Perez</u> 7/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		11/ Nbz!Of Beef et!p!G!t	
12/ Nbl f di f dl qbzbohf up Gpsjeb Ef qbsn f oupg Tubf					
21/ OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ROSENDO M <input type="checkbox"/> Delete 541 13TH ST., #3 MIAMI BCH, FL 33119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGER, PAVLOVA M <input type="checkbox"/> Delete 541 13TH ST., #3 MIAMI BCH, FL 33119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGIO, NICHOLAS <input type="checkbox"/> Delete 541 13TH ST., #2 MIAMI BCH, FL 33119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GREGER, PAVLOVA M.					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 541 13th St., #2					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
23/ 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 617, 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.					
T.JOBVUSF; <u>Rosendo M. Perez</u> 7/31/06 305 572.7776 <small>T.JOBVUSF!BOE!Z!OFE!P!S!S!J!UFE!OBN!F!P!GT!HOCH!P!G!D!S!P!S!E!S!F!D!P!S</small>					