

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030659

FILED
Apr 12, 2004
Secretary of State

Entity Name: PRO PHOTO PLUS, INC.

Current Principal Place of Business:

45 SOUTHWEST 24 ROAD
MIAMI, FL 33129

New Principal Place of Business:

2518 POINCIANA DRIVE
WESTON, FL 33327

Current Mailing Address:

45 SOUTHWEST 24 ROAD
MIAMI, FL 33129

New Mailing Address:

2518 POINCIANA DRIVE
WESTON, FL 33327

FEI Number: 65-0993705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAENZ, GEORGE
45 SW 24TH ROAD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPELLA, JOHN W
Address: 2518 POINCIANA DRIVE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: CAPELLA, ANNE M
Address: 2518 POINCIANA DRIVE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: SAENZ, GEORGE
Address: 45 SOUTHWEST 24 ROAD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE CAPELLA

D

04/12/2004

Electronic Signature of Signing Officer or Director

Date