

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 012 ***150.00

DOCUMENT # P00000041012

1. Entity Name
AVENTURA PHOTO & STUDIO, INC.



Principal Place of Business: **20335 BISCAYNE BLVD. AVENTURA, FL 33180**

Mailing Address: **C/O ALMAN 17290 NE 19 AVENUE NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business: **307 EAST HALLANDALE BEACH BLVD**

3. Mailing Address: **Suite, Apt. #, etc.**

City & State: **HALLANDALE BEACH, FL**

City & State: **Suite, Apt. #, etc.**

Zip: **33009** Country: **Country**

Zip: **Country**

44050000



02252004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0443500**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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)

DATE: _____

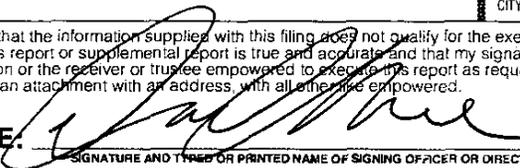
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PSTD	<input type="checkbox"/> Delete
NAME: ROSE, DANIEL	
STREET ADDRESS: 20335 BISCAYNE BLVD.	
CITY-ST-ZIP: AVENTURA, FL 33180	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSE, DANIEL	
STREET ADDRESS: 307 EAST HALLANDALE BEACH BLVD	
CITY-ST-ZIP: HALLANDALE, FL 33009	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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.

SIGNATURE:  **DANIEL ROSE** **4/30/04** **954-458866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #