

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052668

FILED
Jan 15, 2004
Secretary of State

Entity Name: PROPHOTO OF MIAMI, INC.

Current Principal Place of Business:

14739 S.W. 90TH TERRACE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

14739 S.W. 90TH TERRACE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-1016096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, LUIS
14739 S.W. 90TH TERRACE
MIAMI, FL 33196 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: QUINONES, ALVARO
Address: CARRERA 43B# 11-50
City-St-Zip: MEDELLIN COLUMBIA,

Title: D () Delete
Name: QUINONES, LUIS
Address: CARRERA 43B# 11-50
City-St-Zip: MEDELLIN COLUMBIA,

Title: D () Delete
Name: BETANCOURT, SANDRA
Address: CLLE 16 #430-126
City-St-Zip: MEDELLIN-COLOMBIA,

Title: D () Delete
Name: RESTREPO, ALEJANDRO
Address: CRE. 46 #52-23
City-St-Zip: MEDELLIN-COLOMBIA,

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:

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: QUINONES LUIS

MR

01/15/2004

Electronic Signature of Signing Officer or Director

Date