

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052668

FILED
Mar 12, 2008
Secretary of State

Entity Name: PROPHOTO OF MIAMI, INC.

Current Principal Place of Business:

5519 NW 72ND AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5519 NW 72ND AVENUE
MIAMI, FL 33166

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
5519 NW 72ND AVENUE
MIAMI, FL 33166 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, LUIS E
Address: 5701 NW 114 CT., APT. 103
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: BETANCUR, SANDRA
Address: 5701 NW 114 CT., APT. 103
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: RESTREPO, ALEJANDRO
Address: 5519 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: QUINONES, LUIS E
Address: 5519 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: MRS (X) Change () Addition
Name: BETANCUR, SANDRA
Address: 5519 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: MR (X) Change () Addition
Name: RESTREPO, ALEJANDRO
Address: 5519 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS QUINONES

MR

03/12/2008

Electronic Signature of Signing Officer or Director

_____ Date