

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90121 048 \*\*\*150.00

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|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P00000098656</b><br>1. Entity Name<br><b>REMBRANDT PHOTO STUDIO AND BRIDAL SHOP, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>10920 WEST FLAGLER STREET, SUITE #115<br/>MIAMI, FL 33174</b>   |   |  | Mailing Address<br><b>10920 WEST FLAGLER STREET, SUITE #115<br/>MIAMI, FL 33174</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.:  |   | 3. Mailing Address<br>Suite, Apt. #, etc.:   |   | City & State  |  |
| City & State  |   | City & State   |   | 4. FEI Number<br><b>65-1050491</b>  |  |
| Zip   |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHAPPOTIN, OMAR<br/>12841 SW 43 DRIVE<br/>APT 154A<br/>MIAMI, FL 33175</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>OMAR CHAPPOTIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2823 S.W 36th CT</b><br>City <b>MIAMI, FL</b> Zip Code <b>33133</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>CHAPPOTIN, OMAR<br/>12841 SW 43 DR., APT 154A<br/>MIAMI, FL 33175</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PRESIDENT<br/>OMAR CHAPPOTIN<br/>2823 S.W 36th CT<br/>MIAMI, FL 33133</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <i>Omara Chappotin</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | 07/05/05 (205) 480-7677<br><small>Date Daytime Phone #</small>                      |   |  |