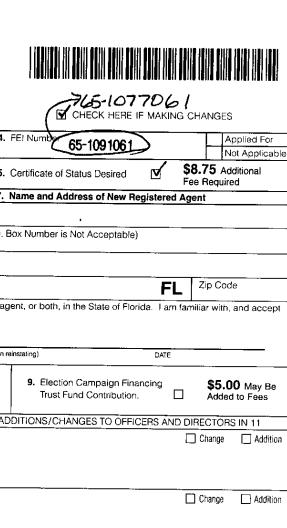
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000109691

Entity Name PETER ESTENOZ PHOTOGE		
Principal Place of Business 3738 EAGLE AVENUE KEY WEST FL 33040	Mailing Address 3738 EAGLE AVENUE KEY WEST FL 33040	





3738 EAGLE AVENUE KEY WEST FL 33040 2. Principal Place of Business		3738 EAGLE AVENUE KEY WEST FL 33040 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		766-1077061 CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Numb 65-1091061 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
ESTENOZ, PETER 3738 EAGLE AVENUE		Name Street Addres	ss (P.O. Box Number is Not Acceptable)	
KEY VE	FT FL 33040		City	FL Zip Code
8. The above the obliga	e named entity submits this statemer ations of registered agent.	it for the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NC	DTE: Registered Agent signature requ	uired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.0 ek Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AI	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTENOZ, PETER 3738 EAGLE AVENUE KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 tractice 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)