2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112065



FILED Mar 07, 2003 8:00 am Secretary of State

1. Entity Name W&W PHOTO ENTERPRISE, INC.					03-07-2003 90107 046 ***150.00			
Principal Place of Business 252 JEFFERSON AVE. APT#9 MIAMI FL 33139 2. Principal Place of Business		Mailing Address 252 JEFFERSON AVE. APT#9 MIAMI FL 33139						
		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-1060678		Applied For Not Applicabl	\exists
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac	dditional	_
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered			\dashv
DEDUCT :	18/Philippi		Na	ame			7	7
PERIUT, WENDY 252 JEFFERSON AVE. APT#9			St	reet Address (P	s (P.O. Box Number is Not Acceptable)			-
MIAMI FL	. 33139							\dashv
			Cir	ity FL Zip Code			+	
8. The above	e named entity submits this statement fo ations of registered agent.	the purpose of changing its re	egistered off	ice or registere	ed agent, or both, in the State of Florida. I am		, and accept	
SIGNATURE								
	: Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agen	t signature required w	when reinstating) DATE		-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing		30	7
Make Chec	r may 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					00 May Be d to Fees	
10. OFFICERS AND DIRECTORS			11,					╛
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. NAME	PERIUT, WENDY	. Delete	NAME			☐ Change	Addition	1 2
STREET ADDRESS CITY-ST-ZIP	252 JEFFERSON AVE. APT#9 MIAMI BEACH FL 33139		STREET ADD	1				2
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NAME	DE SOUZA, WAGNER	<u>/</u>	NAME			onlingo		0
STREET ADDRESS CITY-ST-ZIP	252 JEFFERSON AVE. APT#9 MIAMI BEACH FL 33 139	•	STREET ADOR	1				
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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 trusted 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 egrowwered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP