

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



**DOCUMENT # P01000034537**

1. Entity Name  
**FOTO-CITI GROUP INC.**

**FILED**

**05 MAR 30 AM 10:04**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>407 LINCOLN RD SUITE 5-B MIAMI BEACH FL 33139</b>	Mailing Address <b>407 LINCOLN RD SUITE 5-B MIAMI BEACH FL 33139</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State	City & State
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4. FEI Number <b>65-1089007</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRITO, LUIS  
407 LINCOLN ROAD  
500  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete	NAME <b>KOLM, CHRISTIAN</b>
STREET ADDRESS	<b>407 LINCOLN RD SUITE 5-B</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>KOLM, CHRISTIAN</b>
STREET ADDRESS	<b>P.O. BOX 190618</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	<b>800050666028</b>		
CITY-ST-ZIP	<b>04/13/05--01058--007 **150.00</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY-ST-ZIP			

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:** *Christian Kolm* **CHRISTIAN KOLM** **25 MARCH 05 / 305-2130200**