2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000075707

M S ENTERTAINMENT, FILM & PHOTO INC.



FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90330 042 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | | | | | | |
|--|----------------------------|--|--------------------------------|---------------------------|------------------------------|------------------------|--------------|----------------|-------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite City & State City & State | 1348 WASHINGTON AVE., #130 | | 1348 WASHINGTON AVE., #130 | | 40 | 1083783 | | | |
| City & State Country | 2. Principal P | tace of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Signature Sign | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04072008 | Chg-P | CR2E0 | 34 (12/06) | |
| S. Certificate of Status Desired Foe Required S. Certificate of Status Desired Foe Required SOSA, MARIELLA SOSA, MARIELLA SIAB WASHINGTON AVE MIAMI BEACH, FL 33139 Signature. Signature. Signature special agent, or both, in the State of Florida. I am familiar with, and accident for designations of registered agent, or both, in the State of Florida. I am familiar with, and accident floridations of registered agent, or both, in the State of Florida. I am familiar with, and accident floridations of registered agent, or both, in the State of Florida. I am familiar with, and accident floridations of registered agent, or both, in the State of Florida. I am familiar with, and accident floridations of registered agent. SIGNATURE FILE NOWIII FEE IS 3150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURE SOSA, MARIELLA SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURE SOSA, MARIELLA SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURE SOSA, MARIELLA SIGNATURE OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURE OFFICERS AND DIRECTORS IN 11 Charge Add OFFICERS AND DIRECTORS IN 11 Charge Add OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURES OFFI-SI-2P TITLE NAME SIGNATURES OFFI | City & State | | City & State | | | | | | |
| SOSA, MARIELLA 1348 WASHINGTON AVE MIAMI BEACH, FL 33139 City City FL Zip Codo City Add City Add City Add City FL Zip Codo City | Zip | Country | Zip | Country | 5. Certificate | of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New | Registered / | Agent | |
| 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature | 1348 WASHINGTON AVE | | | <u></u> | dress (P.O. Box Numb | er is Not Acceptab | ole) | | |
| The obligations of registered agent. SIGNATURE Signature, Typed or pretriol name of registered agent and title if applicable. (NOTE Registered Agent signature required when indinatating) DATE | | | | City | | | FL | Zip Code | |
| Superlate, typed or phritod name of registered Apport apprature required when retreating) DATE | | | r the purpose of changing its | egistered office or | registered agent, or bo | oth, in the State of F | lorida. I am | familiar with, | and accer |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. | SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | Registered Agent signatur | e required when reinstating) | | DATE | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE VPD SOSA-CARLINO, CARLA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY | After M | ay 1, 2008 Fee will be \$550. | OO Trust Fund Contr | ibution. | Added to Fees | /CHANGES TO OF | FICERS AND | DIRECTORS | S IN 11 |
| NAME - STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | SOSA, MARIELLA 1348 WASHINGTON AVENUE, # | | NAME STREET ADDRESS | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | SOSA-CARLINO, CARLA 1348 WASHINGTON AVE, #130 | | NAME STREET ADDRESS | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME Street address | | ☐ Defete | NAME Street address | | | | Change | Addition |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | | Change | Addition |
| | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | | Change | ☐ Additio |

^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the scape legal effect as if made under eath; 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 in the proportion of the corporation of t