

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90294 008 ***150.00

DOCUMENT # P01000082377

1. Entity Name

IMAGENES PHOTO LAB., INC.



Principal Place of Business

4224 SW 70TH CT
MIAMI FL 33155

Mailing Address

4224 SW 70TH CT
MIAMI FL 33155

2. Principal Place of Business

4225 SW 71 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4225 SW 71 Avenue

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami FL 33155

Zip

33155

Country

Zip

Country

4. FEI Number

65-1130535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, YENESEY D
15340 S.W. 55TH TERRACE
MIAMI FL 33185

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME BLANCO, YENESEY D
STREET ADDRESS 15340 S.W. 55TH TERRACE
CITY-ST-ZIP MIAMI FL 33185 ☒ Delete

TITLE Pres.
NAME ALIDA R. BLANCO
STREET ADDRESS 3975 SW 60th ave
CITY-ST-ZIP MIAMI FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V. Pres.
NAME Raul M. Blanco
STREET ADDRESS 3975 SW 60th ave
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 to this address, with all other like empowered.

SIGNATURE:

Yenisey Blanco

04/28/04

305-443-5305

Date

Daytime Phone #