

2006 FOR PROFIT CORPORATION- ANNUAL REPORT

FILED
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Secretary of State

02-06-2006 90071 026 ***150.00

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1. Entity Name
OMAR ANGEL PHOTO STUDIO, INC.



Principal Place of Business

6969 CORAL WAY
MIAMI, FL 33155

Mailing Address

6969 CORAL WAY
MIAMI, FL 33155

60012365



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146199

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, OMAR A
~~11249 SW 74 TER~~
~~MIAMI, FL 33173~~
11370 SW 73 Ter
Miami FL 33173

**DO NOT WRITE
IN THIS SPACE**

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: *Omar A. Mendez - president* **1-23-06**
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MENDEZ, OMAR A
STREET ADDRESS	6969 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DVS
NAME	MENDEZ, ISIS E
STREET ADDRESS	6969 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

Omar A. Mendez **1-23-06 305-2640025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #