2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000117527 03-08-2004 90051 021 ***150.00 1. Entity Name FOTOMEL, INC. Mailing Address Principal Place of Business **CHUILION** 11245 NW 71TH COURT 11245 NW 71TH COURT PARKLAND, FL 33076 PARKLAND, FL 33076 3. Mailing Address 2. Principal Place of Business 242 Palm Ave Palm Island 242 Palm Ave Palm Island Suite, Apt. #, etc Suite, Apt. #, etc 02272004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For Miami Beach, FL Miami Beach, FL 65-1158985 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33139-5185 33139-5185 Fee Required 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent -MARTIN, PAUL S Street Address (P.O. Box Number is Not Acceptable) 2134 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020 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 reinstauge) DATE Election Campaign Financing \$5.00. May Be FILE NOW!!! FEE IS \$150.00 #" To 7" 180 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition Martinez, Medardo MARTINEZ, MEDARDO NAME 242 Palm Avenue Palm Island 11245 NW 71 CT. STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139-5185 PARKLAND, FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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 in changed, or on an attachment with an address, with all other like empowered.

FILED

Mar 08, 2004 8:00 am