

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 047 ***150.00

DOCUMENT # P02000018462

1. Entity Name
HESTER ESQUENAZI PHOTOGRAPHY, INC.



Principal Place of Business
**1942 N OAK HAVEN CIRCLE
NORTH MIAMI, FL 33179**

Mailing Address
**C/O VIRGILIO VEGA M. CPA
318 INDIAN TRACE PMB 530
WESTON, FL 33326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
C/O YESMIN M. VALDIVIESO

Suite, Apt. #, etc.

Suite, Apt. #, etc.
318 INDIAN TRACE # 530

02242007 Chg-P CR2E034 (12/06)

City & State

City & State
WESTON, FL

4. FEI Number

75-3021577

Applied For

Not Applicable

Zip

Country

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VEGA, VIRGILIO III
1943 LANDING WAY
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **YESMIN M. VALDIVIESO**

Street Address (P.O. Box Number is Not Acceptable)

1943 LANDING WAY

City **WESTON**

FL

Zip Code

33326

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

Yesmin M. Valdivieso

YESMIN M. VALDIVIESO

2/23/2007

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ESQUENAZI, ARIA**
STREET ADDRESS **318 INDIAN TRACE, #530**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **VPD** ☐ Delete
NAME **MITRANI, HESTER**
STREET ADDRESS **318 INDIAN TRACE, #530**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Aria A. Esquenazi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

305 570 6410

Daytime Phone #