

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 043 ***158.75

DOCUMENT # P02000042565

1. Entity Name

A.V. PHOTO EXPRESS, INC.



Principal Place of Business

16902 NW 83 AVENUE.
MIAMI LAKE FL 33016

Mailing Address

16902 NW 83 AVENUE
MIAMI LAKE FL 33016

2. Principal Place of Business

1942 WEST 60th STREET

Suite, Apt. #, etc.

3. Mailing Address

1942 WEST 60th ST.

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33012

Zip

33012

Country

DADE

City & State

HIALEAH, FL 33012

Zip

33012

Country

DADE

4. FEI Number

43-1957446

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

VILLEGAS, ARIEL
16902 NW 83 AVENUE
MIAMI LAKE FL 33016

7. Name and Address of New Registered Agent

Name

ARIEL VILLEGAS

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

1942 WEST 60th STREET

HIALEAH, FLORIDA 33012

City

HIALEAH

FL

Zip Code

33012

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, 2005 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

TITLE PSD ☐ Delete
NAME VILLEGAS, ARIEL
STREET ADDRESS 16902 NW 83 AVENUE
CITY-ST-ZIP MAIMI LAKE FL 33016

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

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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CITY-ST-ZIP

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 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 with an address, with all other like empowered.

SIGNATURE:

04/22/05

305 562 1767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #