## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 26, 2004 8:00 am Secretary of State 04-30-2004 90253 035 \*\*\*150.00

DOCUMENT # P0200049823  1. Entity Name UPFOTO.COM, INC.					·				
Principal Place of Business Mailing Address									
C/O ONE S.E. THIRD AVENUE SUITE 2250 MIAMI, FL 33131		C/O ONE S.E. THIRD AVENUE SUITE 2250 MIAMI, FL 33131		.6	6424188	} ~-	,, ,,	÷9.	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222004	Chg-P	CR2E034 (1		
City & State ,		City & State			4. FEI Number APPLIEE		677822	-	lied For Applicable
Zip	. Country Zip Cour		Country		5. Certificate o	f Status Desired		75 Addition	onal
6. Name and Address of Current Registered Agent				- 7. Name and Address of New Registered Agent Name					
AMKGS REGISTERED AGENTS, INC. 2250 SUN TRUST INTERNATIONAL CENTER				Street Address (P.O. Box Number is Not Acceptable)					
ONE S.E. THIRD AVENUE MIAMI, FL 33131			-						
MIAMI, FL		<u> </u>	City			FL 2	Zip Code		
The above named equity 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. hypod or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when hainstating)  DATE									
FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00  7/ust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRE	CTORS I	N 11
TITLE	D SEGURA, ALEJO	☐ Deleta	TITLE NAME					Change	☐ Addition
* STREET ADDRESS *	DORESS ONE S.E. THIRD AVENUE, SUITE 2250			ADDRESS 1-ZIP	•				
TITLE		, Delete	TITLE		<del></del> -	··· <del>·</del>		Change	Addition
NAME STREET ADDRESS			. NAME Street /	ADDRESS					]
CITY-ST-ZIP			CITY-ST						Ì
TITLE		☐ Delets	TITLE			<del></del> .		Change	Addition
STREET ADDRESS			STREET	ADDRESS					}
- City-St-Zip			caty_st	-21P					
NAME			NAME		<u> </u>		. <u>.</u> _U	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET /	ADDRESS -ZIP					
TITLE	•	☐ Celste	TITLE					Change (	Addition
NAME STREET ADDRESS	-		, name Street a	LODRESS		•			
CITY-ST-ZIP			CITY-ST	-ZIP					
TITLE * HAME		☐ Delete	TITLE NAME			•		Change [	☐ Addition
STREET ADDRESS	; ·		STREET	ADDRESS					- {
12. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the execut		tion 119 07/3¥6\	Florida Statutoe 1	further cortify th	at the into	mation
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 eath; 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 add <u>ress</u> , with all other like empowered.									
SIGNATURE: Aleja Segura 0/2/04 3056062531									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CHESTER OR DIRECTOR									