## **2005 FOR PROFIT CORPORATION**

## Feb 24, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P02000126833 DEREK COLE PHOTOGRAPHY, INC. Principal Place of Business. Mailing Address 1010 NW 11 STREET #605 1010 NW 11 STREET #605 MIAMI, FL 33136 MIAMI, FL 33136 02212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1037212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLE, DEREK DO NOT WRITE 1010 NW 11 STREET #605 MIAMI, FL 33136 -\_\_ 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n COLE, DEREK NAME STREET ADDRESS 1010 NW 11 STREET #605 #00000240819 02724705-80018-020 150.00 CITY-ST-ZIP MIAMI, FL 33136 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information is oplied with this filing indicated on this report or supplemental reports true and of the corporation or the receiver or trustee endowered changed, or on an attachment with an address, will get other. to the cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**