2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000130261 02-07-2005 90101 025 ***150.00 SAN DIEGO PHOTO LAB. CORP. Principal Place of Business Mailing Address 50011676 5830 S.W. 8TH STREET 5830 S.W. 8TH STREET MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address 0200 NW 0200 Suite, Apt, #, etc. CR2E034 (10/03) 01262005 Chg-P ile. City & State 4. FEI Number Applied For City & State 47-0901569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELTRAN, HUGO Street Address (P.O. Box Number is Not Acceptable) 5830 SW 8TH STREET MIAMI, FL 33144 his 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change . ☐ Addition TITLE ☐ Delete TITLE BelTRan **BELTRAN, LUIS** NAME NAME 10200 NW STREET ADDRESS **5830 S.W. 8TH STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP Miami Change Ch ☐ Addition ☐ Delete TITLE TITLE BelTRan, NAME BELTRAN, HUGO NAME **5830 S.W. 8TH STREET** STREET ADDRESS STREET ADDRESS 10200 NW CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Maddition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 achievate 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 feccive or trastee 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 all address, with all other like empowered. **SIGNATURE**

FILED Feb 07, 2005 8:00 am