2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130261

1. Entity Name SAN DIEGO PHOTO LAB, CORP.

Principal Place of Business

10200 NW 25 ST

SUITE 202 MIAMI, FL 33172 Mailing Address

10200 NW 25 ST SUITE 202 MIAMI, FL 33172 FILED

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TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P

CR2E034 (11/05)

4. FEI Number 47-0901569

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELTRAN, HUGO 10200 NEW 25 ST SUITE 202

DO NOT WRITE IN THIS SPACE

MIRMI, FL 331/2			IN THIS STAGE		
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable, (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTRAN, LUIS 10200 NW 25 ST STE 202 MIAMI, FL 33172	TORS	400069964624 04/10/0601071007 **150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 poppin 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 empewered 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 addresse; with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #