


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000134446</b> 1. Entity Name L & Y PHOTOGRAPHY INC.	
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Principal Place of Business 4699 N STATE RD 7 STE G TAMARAC, FL 33319	Mailing Address PO BOX 490921 FORT LAUDERDALE, FL 33329
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DO NOT WRITE IN THIS SPACE

FILED

04 SEP 13 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092004	No Chg-P	CR2E034 (10/03)
4. FEI Number 85-0485371	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIEN-AIME, LOSAIRE  
206 N FLAGLER AVE  
POMPANO BCH, FL 33060

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AUGUSTE, YVAIN P P.O. BOX 490921 FT LAUDERDALE, FL 33329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SAINTIL-AUGUSTE, LORETTA P.O. BOX 490921 FT LAUDERDALE, FL 33329
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9/13/04

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: YVAIN P. AUGUSTE      Date: 07-22-04      Daytime Phone #: 954-727-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR