

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90293 047 ***150.00

DOCUMENT # P03000053909
 1. Entity Name
IVONNE PHOTO & DESIGN, INC.



Principal Place of Business Mailing Address
9310 FONTAINBLEAU BLVD., #403 **9310 FONTAINBLEAU BLVD., #403**
MIAMI, FL 33172 **MIAMI, FL 33172**

24061604



2. Principal Place of Business 3. Mailing Address
9310 Fontainebleau Blvd **9310 Fontainebleau Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
406 **406**

04282004 Chg-P CR2E034 (10/03)

City & State City & State
Miami FL **Miami FL**

4. FEI Number Applied For
86-1062862 Not Applicable

Zip Country Zip Country
33172 **US** **33172** **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VASQUEZ, CARLOS A
9310 FONTAINBLEAU BLVD., #403
MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE **4/28/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VASQUEZ, CARLOS A	
STREET ADDRESS	9310 FONTAINBLEAU BLVD., #403	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANQUI, IVONNE	
STREET ADDRESS	9310 FONTAINBLEAU BLVD., #403	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carlos A. Vasquez **Carlos A. Vasquez** **4/29/04** **(305) 485-9784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *