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Secretary of State
05-02-2005 90453 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068369

1. Entity Name
PHOTO XPRESS, INC.

Principal Place of Business	Mailing Address
7795 W FLAGLER MIAMI, FL 33144	7795 W FLAGLER MIAMI, FL 33144

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9401 W COLONIAL DRIVE	6952 HYLAND OAK DR
Suite Apt # etc: STE # 6700	Suite Apt # etc:
City & State: OCOEE FL	City & State: ORLANDO FL
Zip: 34761 Country:	Zip: 32818 Country:

4. FEI Number: 32-0081239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINTRON, DOMINGO R 7795 W FLAGLER MIAMI, FL 33144	Name: CINTRON, DOMINGO R. Street Address (P O Box Number is Not Acceptable): 6952 HYLAND OAK DR City: ORLANDO FL Zip Code: 32818

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: [signature] 4/27/05
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CINTRON, DOMINGO R 7795 W FLAGLER MIAMI, FL 33144	☐ Delete	PRESIDENT CINTRON, DOMINGO R 6952 HYLAND OAK DR. ORLANDO FL 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NORONA DE CITRON, RUBY 7795 W FLAGLER MIAMI, FL 33144	☐ Delete	VP NORONA DE CINTRON, RUBY 6952 HYLAND OAK DR ORLANDO FL 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Domingo R. Cintron 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tel. (407) 292 5111