

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000083786

1. Entity Name
ELIZABETH MONGE PHOTOGRAPHY, INC



**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90195 023 ***150.00

Principal Place of Business
12584 NW 57 PL #A-37
CORAL SPRINGS, FL 33076-5839

Mailing Address

12584 NW 57 PL #A-37
CORAL SPRINGS, FL 33076-5839

2. Principal Place of Business

12584 NW 57 PL #A-37

3. Mailing Address

12584 NW 57 PL #A-37

14006703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#A-37

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

6. Name and Address of Current Registered Agent

KUDLA, THOMAS
3209 S PORT ROYALE DR APT K
FT LAUDERDALE, FL 33308

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, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MONGE, ELIZABETH 12584 NW 57 PL #A-37 CORAL SPRINGS, FL 330765839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elizabeth Monge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

534-575531

Date

Daytime Phone #