

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90132 004 ***150.00

DOCUMENT # P03000087518

1. Entity Name

LOLLIPOP KIDS CUT AND PHOTO STUDIO INC.



Principal Place of Business

15274 S.W 21 ST
MIRAMAR FL 33027

Mailing Address

15274 S.W 21 ST
MIRAMAR FL 33027

2. Principal Place of Business

15651 Sheridan St.

3. Mailing Address

15651 Sheridan St.

Suite, Apt. #, etc.

1100

Suite, Apt. #, etc.

1100

City & State

Davie Florida

City & State

Davie Florida

Zip

33381

Country

U.S.A

Zip

33331

Country

U.S.A

6. Name and Address of Current Registered Agent

MEDINA, SUSANA
15274 S.W 21 ST
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name

SUSANA MEDINA

Street Address (P.O. Box Number is Not Acceptable)

15274 S.W 21 ST

City Miramar

FL

Zip Code 33027

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEDINA, SUSANA	
STREET ADDRESS	15274 S.W 21 ST	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEDINA, ANTONIO	
STREET ADDRESS	15274 S.W 21 ST	
CITY - ST - ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2005 954-478-7271
Date Daytime Phone #