

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

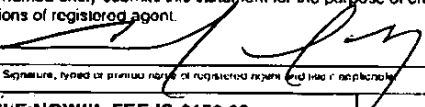
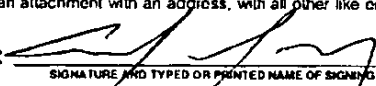
FILED
Apr 06, 2007 8:00 am
Secretary of State

03-23-2007 90020 013 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P03000087518					
1. Entity Name LOLLIPOP KIDS CUT AND PHOTO STUDIO INC.					
Principal Place of Business 15651 SHERIDAN ST #1100 DAVIE FL 33331			Mailing Address 15651 SHERIDAN ST #1100 DAVIE FL 33331		
2. Principal Place of Business - No P.O. Box # 15651 SHERIDAN ST			3. Mailing Address Suite 1100		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DAVIE FL		City & State FL		4. FEI Number NO-T APPLICABLE	
Zip 33331	Country U.S.A.	Zip 33331	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, SUSANA 15274 S.W. 21 ST MIRAMAR FL 33027 MEDINA SUSANA 15651 SHERIDAN ST Suite 1100 DAVIE FL 33331				7. Name and Address of New Registered Agent Name SUSANA MEDINA Street Address (P.O. Box Number is Not Acceptable) 15651 SHERIDAN ST Suite 1100 City DAVIE State FL Zip Code 33331	
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 04/01/2007 (NOTE: Registered Agent signature required when transferring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MEDINA, SUSANA 1527 15651 SHERIDAN ST Suite 1100 DAVIE, FL 33331	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MEDINA, ANTONIO 15651 SHERIDAN ST Suite 1100 DAVIE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  SUSANA MEDINA 02/05/07 954-608-7914 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					