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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DOCUMENT # P03000087518

1. Entity Name
LOLLIPOP KIDS CUT AND PHOTO STUDIO INC.

Principal Place of Business	Mailing Address
15651 SHERIDAN ST #1100 DAVIE FL 33331	15651 SHERIDAN ST #1100 DAVIE FL 33331

66008331

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 15651 Sheridan St
Suite, Apt. #, etc.
City & State: Davie
Zip:
Country: U.S.A

3. Mailing Address: Suite 1100
Suite, Apt. #, etc.
City & State: FL
Zip: 33331
Country:

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MEDINA, SUSANA
15274 SW 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
Davie
City: 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 [signature] 04/01/2007
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, 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEDINA, SUS... 627 15651 Sheridan St Suite 1100 Davie, FL 33331	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MEDINA, ANTONIO Davie FL 33331 15651 Sheridan St Suite 1100 Davie, FL	☑ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Susana Medina 02/05/07 954-608-7914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #