


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000107814
1. Entity Name
FOTOMIAMI.COM, INC.



Principal Place of Business
2075 S.W. 122ND AVENUE
SUITE 328
MIAMI, FL 33175

Mailing Address
BOX 441970
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



02062005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1476179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOSQUE, RAUL
2075 S.W. 122ND AVENUE
SUITE 328
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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: *Raul Bosque* (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE: 2-4-05

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BOSQUE, RAUL 2075 S.W. 122ND AVENUE SUITE 328 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000221803
02/09/05-80048-005 150.00

DO NOT WRITE IN THIS SPACE

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: *Raul Bosque*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2-4-05 (305) 444-4456
Date Daytime Phone #