

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90294 047 \*\*\*150.00

<b>DOCUMENT # P04000102435</b> 1. Entity Name <b>FRANKS PHOTOGRAPHY &amp; VIDEO PRODUCTION, INC.</b>			
Principal Place of Business <b>5890 NW 20TH AVE</b> <b>HIALEAH, FL 33016</b>		Mailing Address <b>5890 NW 20TH AVE</b> <b>HIALEAH, FL 33016</b>	
2. Principal Place of Business <b>5890 West 20th Ave</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Hialeah, Florida</b>		City & State	
Zip <b>33016</b>		Country <b>Miami Dade</b>	
4. FEI Number <b>65-1230164</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VARONA, FRANCISCO</b> <b>750 W 72ND PL</b> <b>HIALEAH, FL 33014</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:		(NOTE: Registered Agent signature required when reinstating) Date: <b>4/26/05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> NAME <b>VARONA, FRANCISCO</b> <input type="checkbox"/> Delete STREET ADDRESS <b>750 W 72ND PL</b> CITY-ST-ZIP <b>HIALEAH, FL 33014</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VPSD</b> <input type="checkbox"/> Delete NAME <b>VARONA, LILIA</b> STREET ADDRESS <b>750 W 72ND PL</b> CITY-ST-ZIP <b>HIALEAH, FL 33014</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 without address, with all other like empowered.			
SIGNATURE:		FRANCISCO VARONA <b>4/26/05</b> <b>505 827 1989</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone	

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