2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102435

1. Entity Name
FRANKS PHOTOGRAPHY & VIDEO PRODUCTION, INC.

Principal Place of Business	Mailing Address
5890 NW 20TH AVE HIALEAH, FL 33016	5890 NW 20TH AVE HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1230164	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARONA, FRANCISCO
750 W 72ND PL
HIALEAH, FL 33014

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

DATE 4/27/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000741346
05/15/07-80027-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARONA, FRANCISCO
STREET ADDRESS	750 W 72ND PL
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VPSD
NAME	VARONA, LILIA
STREET ADDRESS	750 W 72ND PL
CITY-ST-ZIP	HIALEAH, FL 33014
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ FRANCISCO VARONA 4/27/07 305-887 1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #