2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State 02-07-2005 90077 018 ***150.00 **DOCUMENT # P04000103474** 1. Entity Name FOTO TRADER INC. 40014633 Principal Place of Business Mailing Address 17141NW 42ND AVE 17141NW 42ND AVE CAROL CITY, FL 33055 CAROL CITY, FL 33055 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 20-1363155 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registored Agent --QUINTERO, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 17141NW 42ND AVE CAROL CITY, FL 33055 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete TITLE Change ■ Addition QUINTERO, RODOLFO NAME MAME STREET ADDRESS 17141NW 42ND AVE STREET ADDRESS CITY-ST-ZIP CAROL CITY, FL 33055 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 12. I hereby certify that the information supplied with this filling 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 of 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 attacking in with an address, with all other like empowered.

FILED Feb 07, 2005 8:00 am

305-621-6202