2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P04000137542 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name PRIMOLIPHOTO INC. Principal Place of Business Mailing Address 1541 BRICKELL AVE STE 906 MIAMI FL 33129 1541 BRICKELL AVE STE 906 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-1722428 Not Applicable Ζ₁p Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name *CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 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. 1 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000510869-41^{Change} TITLE Delete TITLE NAME NALIF BEATY, MARGUERITE 04/29/06-80023-012 150.00^M STREET ADDRESS 1541 BRICKELL AVE STE 906 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 U00000510869-41 Change ☐ Delete Addition TITLE MAME BEATY, ELEANOR NAME 04/29/06-80023-013 8.75^M STREET ADDRESS STREET ADDRESS 1541 BRICKELL AVE STE 906 CITY-ST-7IP MIAMI FL 33129 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Oefete TITLE Change Addis. RRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Change Adam. ☐ Delete TITLE TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete TITLE NAME NAME SIREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Ffurther 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

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