

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90216 041 ***163.75

DOCUMENT # P05000023442	
1. Entity Name LISA WEBER PHOTOGRAPHY, INC.	



Principal Place of Business 12345 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	Mailing Address 5043 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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00012210

2. Principal Place of Business 3200 S. Andrews Avenue Suite, Apt. #, etc. #204 City & State Fort Lauderdale, FL Zip 33316 Country USA	3. Mailing Address 3200 S. Andrews Avenue Suite, Apt. #, etc. #204 City & State Fort Lauderdale, FL Zip 33316 Country USA
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03022006 Chg-P CR2E034 (11/05)

4. File Number 76-0780170	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBER, LISA D 5043 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. X \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, LISA D 5043 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lisa D. Weber 4/18/06 (786) 514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #