

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061150

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: MOUNA SMIRES PORTRAITS, INC.

## Current Principal Place of Business:

1825 PONCE DE LEON BLVD., STE. 459  
CORAL GABLES, FL 33134

## New Principal Place of Business:

4416 DAFFODIL CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

1825 PONCE DE LEON BLVD., STE. 459  
CORAL GABLES, FL 33134

## New Mailing Address:

4416 DAFFODIL CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

FEI Number: 05-0621986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNANI-SMIREs, MOUNA  
3136 CENTER ST.  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

BENNANI-SMIREs, MOUNA  
4416 DAFFODIL CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: MOUNA SMIREs

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BENNANI-SMIREs, MOUNA  
Address: 3136 CENTER ST.  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BENNANI-SMIREs, MOUNA  
Address: 4416 DAFFODIL CIRCLE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOUNA SMIREs

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date