

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90006 018 \*\*\*150.00



DOCUMENT # P05000074470  
1. Entity Name  
HASSIL PHOTOGRAPHY INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
19355 NE 10 AVE  
Suite, Apt. #, etc.  
# 517  
City & State  
N. MIAMI BEACH FL 33179  
Zip 33179 Country BROWARD

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

40095401

CR2E034B (8/05)

4. FEI Number  
36-2515117 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

**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] IBN S. SMITH DATE JUNE 7, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P GABRIELLA HASSIL</u> <u>19355 NE 10 AVE #517</u> <u>N. MIAMI BEACH FL 33179</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP IBN S. SMITH</u> <u>19355 NE 10 AVE #517</u> <u>N. MIAMI BEACH, FL 33179</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] GABRIELLA HASSIL, PRESIDENT DATE JUNE 7, 2006 DAYTIME PHONE # 786 247-4770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40095401

#P05000074470

**WOLF ACCOUNTING NETWORK, INC.**  
820 NW 43rd Avenue  
Pompano Beach, FL. 33066-1508  
Telephone & Fax: (954) 975-7939

**June 8, 2006**

**Annual Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500**

**Gentlemen:**

**We have this date obtained a new client, a Florida Profit Corporation, Hassil Photography, Inc., Document # P05000074470, located at 10355 NE 10th Ave. #517. N. Miami Beach. FL. 33179.**

**My client never received the 2006 postcard renewal notice and was unaware this was to be filed prior to April 30th, so we respectfully request the \$400.00 late fee be waived and we are enclosing our client's check #1024 in the amount of \$150.00 along with a signed Annual Report,**

**Very truly yours,**

**WOLF ACCOUNTING NETWORK, INC.**

  
**Gilbert D. Wolf  
President**

**Encs-2**