2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163847

1. Entity Name

PORTRAIT BY DESDUNES, INC.



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

6900 NW 45TH COURT LAUDERHILL, FL 33319 Mailing Address

6900 NW 45TH COURT LAUDERHILL, FL 33319



05022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3933638

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FOODMAN, STANLEY 1201 BRICKELL AVENUE #610 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

,					,	
8. The above the obligation	named entity submits this statement for the ions of registered agent.	e purpose of changing its registered office or	registered agent, or b	ooth, in the State of Florid	da. I am familiar with, and	d accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent			gnature required when reinstalling)			
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	05/24/07-800	152-024 150.00	
10.	OFFICERS AND DIR	ECTORS		- dè		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESDUNES, REGINE 6900 NW 45TH COURT LAUDERHILL, FL 33319		e de la companya de			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DESDUNES, MAX 6900 NW 45TH COURT LAUDERHILL, FL 33319			Son no Alexander		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WI	RITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			rj		e Projection	A.A
NAME STREET ADDRESS						

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:

CITY-ST-ZIP

STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desdunes

Daytime Phone