

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002324

FILED  
May 01, 2007  
Secretary of State

Entity Name: MONTES PHOTOGRAPHY & LAB INC.

## Current Principal Place of Business:

1018 W. STATE ROAD 434  
SUITE 220  
LONGWOOD, FL 32750

## New Principal Place of Business:

958 W. STATE ROAD 434  
LONGWOOD, FL 32750

## Current Mailing Address:

1018 W. STATE ROAD 434  
SUITE 220  
LONGWOOD, FL 32750

## New Mailing Address:

958 W. STATE ROAD 434  
LONGWOOD, FL 32750

FEI Number: 20-4322012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTES DE OCA, DARCIS R  
440 E. HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTES DE OCA, RAUL  
Address: 440 E HIGHLAND ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete  
Name: PAZMINO, MARCOS  
Address: 4601 ROSE OF TARA WAY  
City-St-Zip: ORLANDO, FL 32808

Title: TRES (X) Delete  
Name: MONTES DE OCA, DARCIS R  
Address: 440 E HIGHLAND ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 31701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MONTES DE OCA, DARCIS  
Address: 440 E. HIGHLAND ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAUL MONTES DE OCA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date