

2007 FOR PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 19, 2007 8:00 am
Secretary of State

02-20-2007 90060 040 ***150.00

DOCUMENT # P06000103026					
1. Entity Name MIAMI CENTER FOR THE PHOTOGRAPHIC ARTS, INC.					
Principal Place of Business 1601 SW FIRST STREET MIAMI, FL 33135			Mailing Address 1601 SW FIRST STREET MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3823516	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JOYCE B 9370 SUNSET DRIVE, A-130 MIAMI, FL 33173			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEEKS SR., STEPHEN		NAME		
STREET ADDRESS	5745 SW 48 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEEKS JR., STEPHEN		NAME		
STREET ADDRESS	2245 NE 41 PLACE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEEKS, DANIEL		NAME		
STREET ADDRESS	11416 SW 244 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEEKS, LAUREN		NAME		
STREET ADDRESS	757 NW 89 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33324		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		2/8/07		305.649.0324	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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