

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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	
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**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEKS SR., STEPHEN 5745 SW 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEEKS JR., STEPHEN 2245 NE 41 PLACE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEEKS, DANIEL 11416 SW 244 TERRACE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEKS, LAUREN 757 NW 89 AVENUE HOMESTEAD, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80051-001 300.00

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IN THIS SPACE**

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: 	4/26/08	305.649.0324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #