


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State


04-18-2007 90166 030 ***150.00

DOCUMENT # P06000115720	
1. Entity Name PHOTOGRAPHY BY LETTY CORP.	

Principal Place of Business 741 E. 13 ST. HIALEAH, FL 33013	Mailing Address 741 E. 13 ST. HIALEAH, FL 33013
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2. Principal Place of Business - No P.O. Box # 741 E 13 ST	3. Mailing Address 741 E 13 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah FL	City & State HIALEAH FL
Zip 33010	Country
Zip 33010	Country

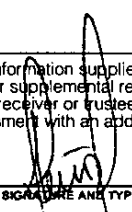
	
04132007	Chg-P
CR2E034 (12/06)	
4. FEI Number 20-5515584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LA O, LETTY 741 E. 13 ST. HIALEAH, FL 33013	

7. Name and Address of New Registered Agent	
Name Letty La O	
Street Address (P.O. Box Number is Not Acceptable) 741 E 13 ST	
City Hialeah	FL Zip Code 33010
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 reinstating)	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA O, LETTY 741 E. 13 ST. HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date: 4/14/07 Daytime Phone #: 305 218 6562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	