


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90017 025 ***150.00

DOCUMENT # P06000123996		
1. Entity Name PHOTOSTOCK21, INC.		

Principal Place of Business 1245 SW 94 AVE MIAMI, FL 33174	Mailing Address 1245 SW 94 AVE MIAMI, FL 33174
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40112076

2. Principal Place of Business - No P.O. Box # 8945 SW 27 ST Suite, Apt. #, etc.	3. Mailing Address 8945 SW 27 ST Suite, Apt. #, etc.
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07182008 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 20-5669456	Applied For Not Applicable
Zip 33165	Country DADE	Zip 33165	Country DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AYERVES, LUIS F 8946 SE 27TH STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name LUIS F. AYERVES Street Address (P.O. Box Number is Not Acceptable) 8945 SW 27 ST City MIAMI FL Zip Code 33165	
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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYERVES, LUIS F 1245 SW 94 AVE MIAMI, FL 33174 <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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08
Date

Daytime Phone #