
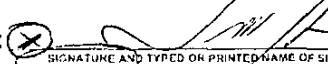


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90199 044 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000147863			
1. Entity Name WILLIAM TORRES PHOTOGRAPHY, INC.			
Principal Place of Business 1660 NE 191 STREET SUITE 111 MIAMI, FL 33179		Mailing Address 1660 NE 191 STREET SUITE 111 MIAMI, FL 33179	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	County	Zip	County
6. Name and Address of Current Registered Agent TORRES, WILLIAM 1660 NE 191 STREET SUITE 111 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. This report is filed only to submit this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. For form use with new annual filing obligation of registered agent.			
SIGNATURE OF _____ (Print or type name of registered agent, officer or director) <small>Print or type name of registered agent, officer or director</small> <small>Print or type name of registered agent, officer or director</small> <small>Print or type name of registered agent, officer or director</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
FILE NAME DP TORRES, WILLIAM STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME DP TORRES, WILLIAM STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Delete	FILE NAME D VELOSA, ALICE A STREET ADDRESS 1660 NE 191 STREET SUITE 111 CITY & STATE MIAMI, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. The signatory certifies that the information supplied with this filing does not qualify for the exemptions contained in Chapter 190, Florida Statutes. Further, the signatory certifies that the information indicated on this report or supplemental report is true and accurate and that his signature shall have the same legal effect as if on an annual report filed by 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 his name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like filers.			
SIGNATURE: 		WILLIAM TORRES 3/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

40086085



03122007 Chg-P CR2E034 (12/06)

4. FEI Number **20-8797915** Applied For Not Applicable

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