

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 005 ***150.00

DOCUMENT # P07000040712

1. Entity Name

A PORTRAIT IN TIME, INC.



Principal Place of Business

**6730 SW 10TH COURT
PEMBROKE PINES FL 33023**

Mailing Address

**6730 SW 10TH COURT
PEMBROKE PINES FL 33023**

2. Principal Place of Business - No P.O. Box #

6731 SW 11th St

3. Mailing Address

6731 SW 11th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33023

Country

Zip

33023

Country

4. FEI Number

20-8749926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**DARNOWSKI, JENNIFER
6730 SW 10TH COURT
PEMBROKE PINES, FL FL**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DARNOWSKI, JENNIFER**
STREET ADDRESS **6730 SW 10TH COURT**
CITY- ST- ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jennifer Darnowski **Jennifer Darnowski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2008
DATE

954-983-5868
DAYTIME PHONE #