

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043717

FILED
Sep 10, 2011
Secretary of State

Entity Name: SEEQUENT PHOTOGRAPHY, INC.

Current Principal Place of Business:

713 GARDENS DRIVE
#206
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

5205 GATE LAKE RD
TAMARAC, FL 33319 US

Current Mailing Address:

713 GARDENS DRIVE
#206
POMPANO BEACH, FL 33069 US

New Mailing Address:

5205 GATE LAKE RD
TAMARAC, FL 33319 US

FEI Number: 20-8809982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMEDO, KARIBAY
713 GARDENS DRIVE
#206
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

ALMEDO, KARIBAY
5205 GATE LAKE RD
TAMARAC, FL 33319 US

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.

SIGNATURE: KARIBAY ALMEDO

09/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: COHEN, RYAN U MR.
Address: 5205 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319 US

Title: CFO
Name: ALMEDO, KARIBAY MRS.
Address: 5205 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319 US

Title: T
Name: ALMEDO, ELISABETH MRS.
Address: 6090 N SABAL PALM BLVD #105
City-St-Zip: TAMARAC, FL 33319 US

Title: S
Name: ALMEDO, JOSE MR.
Address: 6090 N SABAL PALM BLVD #105
City-St-Zip: TAMARAC, FL 33319 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARIBAY ALMEDO

CFO

09/10/2011

Electronic Signature of Signing Officer or Director

Date