

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90183 002 ***150.00

DOCUMENT # P07000074684
 1. Entity Name
 ERNESTO PHOTO & VIDEO, INC



Principal Place of Business Mailing Address
 993 SW 10TH STREET 993 SW 10TH STREET
 MIAMI, FL 33130 MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04162008 Chg-P CR2E034 (12/06)

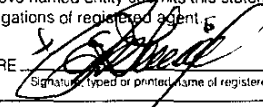
4. FEI Number **26-0440518** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 YROSALINSKY, ERNESTO
 993 SW 10TH STREET
 MIAMI, FL 33130

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  DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	YROSALINSKY, ERNESTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	993 SW 10TH STREET		
	MIAMI, FL 33130		
VP/S	YROSALINSKY, ROSA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	993 SW 10TH STREET		
	MIAMI, FL 33130		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR