2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State

DOCUMENT # P07000107379 1. Entity Name SOFI'S PHOTO STUDIO, INC.					03-14-2008 90027 040 ***150.00
Principal Place of Business Mailing Address					4002~~
1756 CROWN HILL BLVD. 1756 CROW			CROWN HILL-BLVD: NDO, FL 32828		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182008 Chg-P CR2E034 (12/06)
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip 	Country	Zíp	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				ļ	7. Name and Address of New Registered Agent
LAOS, SOFIA 1756 CROWN HILL BLVD. ORLANDO, FL 32828				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					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing \$5.	.00 May Be ded to Fees
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAOS, SOFIA 1756 CROVAL IILL BLVD. ORLANL 22828	☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	V ROQUE :::SE 175F ::WN HILL BLVD. ORL::::O, FL 32828	☐ Delete	•		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			☐ Change ☐ Addition
NAME SIREET ADDRESS CITY-ST-ZIP		☐ Detete			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		į.	☐ Change ☐ Addition
12. Hereby certify that the information supplied with this filling 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 chapted or no an attackment with an address, with all other like empowered.					