2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080685

Title:

Name:

Address:

City-St-Zip:

Entity Name: HUGHES FIORETTI PHOTOGRAPHY INC

FILED Mar 24, 2009 Secretary of State

Entity Nar	ne: HUGHES	FIORET IT PHOTOGRAPHY II	NC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
13210 MOSS HOLLOW CT ORLANDO, FL 32828				13210 MOSS HOLLOW CT. ORLANDO, FL 32828			
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
13210 MOSS HOLLOW CT ORLANDO, FL 32828				13210 MOSS HOLLOW CT. ORLANDO, FL 32828			
FEI Number:	26-3275730	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status	Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	GARY P SS HOLLOW (), FL 32828	CT. US					
	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered of	fice or registered a	agent, or both,	
SIGNATUF		is Cinnerture of Denistreed Asse			Dete		
Election Can		ic Signature of Registered Age Trust Fund Contribution ().	nt		Date		
	S AND DIREC	.,	ADDITION	S/CHANGES	TO OFFICERS AN	ID DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HUGHES, GARY 13210 MOSS H ORLANDO, FL	OLLOW CT	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	FIORETTI, JULI 1068 LOTUS PI		Title: Name: Address: City-St-Zip:	VP (X) FIORETTI, JULII 13210 MOSS HO ORLANDO, FL	OLLOW CT		
Title: Name: Address: City-St-Zip:	T () HUGHES, GARY 13210 MOSS H ORLANDO, FL	OLLOW CT.	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JULIE FIORETTI VP 03/24/2009

() Delete

ALTAMONTE SPRINGS, FL 32714

FIORETTI, JULIE L

1068 LOTUS PKWY #836

(X) Change () Addition

FIORETTI, JULIE L

ORLANDO, FL 32828

13210 MOSS HOLLOW CT