

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90041 038 ***150.00

DOCUMENT # P93000084729

1. Entity Name

PHOTOMOTION CORPORATION



Principal Place of Business

1792 CLEVELAND ROAD
MIAMI BEACH FL 33141
US

Mailing Address

1907 NW 137 TERR
HOLLYWOOD FL 33028
US



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

4402 N.W. 20th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

OAKLAND PARK FL

City & State

4. FEI Number

65-0455711

Applied For

Not Applicable

Zip

33309

Country

U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

NEZVADOVITZ, SALOMON
1792 CLEVELAND ROAD
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

SALOMON NEZVADOVITZ

Street Address (P.O. Box Number is Not Acceptable)

1907 N.W. 137 TERRACE

Pembroke Pines 1

City

Pembroke Pines FL

Zip Code

33028

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, 2007 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
NAME NEZVADOVITZ, RICHARD J. ☐ Delete
STREET ADDRESS 1907 NW 137 TERR
CITY-STATE-ZIP HOLLYWOOD FL 33028

TITLE S
NAME NEZVADOVITZ, EUGENIA ☐ Delete
STREET ADDRESS 1907 NW 137 TERR
CITY-STATE-ZIP HOLLYWOOD FL 33028

TITLE T
NAME NEZVADOVITZ, SALOMAN ☐ Delete
STREET ADDRESS 1907 NW 137 TERR
CITY-STATE-ZIP HOLLYWOOD FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME RICHARD J. NEZVADOVITZ
STREET ADDRESS 4402 N.W. 20 Ave.
CITY-STATE-ZIP OAKLAND PARK FL. 33309

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

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

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

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

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:

[Signature]

SALOMON NEZVADOVITZ 3/7/07 9:14 4470102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #