2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 15, 2007 08:00 All Secretary of State DOCUMENT # P94000018771 1. Entity Name DANA PHOTO STUDIO BY VARELA, INC. Principal Place of Business Mailing Address 9634 CORAL WAY 9634 CORAL WAY MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-0473972 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARELA, GERARDO Stroot Address (P.O. Box Number is Not Acceptable) 9634 CORAL WAY **MIAMI FL 33165** 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title r applicable DATE FILE NOW!!! FEE IS.\$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** HILL Delete TITLE Change Addition VARELA, GERARDO NAME NAME. U00000637081 9634 CORAL WAY STREET ADDRESS STREET ADDRESS 02/26/07-80046-025 150.00 **MIAMI FL 33165** CHY-ST-ZIP CITY-ST-ZIP VD TITLE Delete 11111 Change Addition BORREGO, NORMA NAMI NAME 9634 CORAL WAY STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-SI-ZIP ШЕ -Delete-THE - 🖃 Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILE Delcle Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP TITLE Delete HILE Change ☐ Addition NAMI: NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby cortify 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 logal offect as if made under eath; 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

of the corporation or the receiver or trustee empowered to execute this report as if changed, or on an attachment with an address, with all other like empowered.

FILED