

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 22, 2004 8:00 am
Secretary of State

08-13-2004 90071 013 ***158.75
09-22-2004 90002 033 ***391.25



MOORE CR2E034 (11/03)

DOCUMENT # P95000016624 1. Entity Name PALLAS PHOTOGRAPHIC, INC.																													
Principal Place of Business 8 NE 40 ST MIAMI FL 33137 US			Mailing Address 8 N.E. 40 STREET MIAMI FL 33137 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 65-0567153																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																											
6. Name and Address of Current Registered Agent SAS, MICHELLE 8 N.E. 40 STREET MIAMI FL 33137																													
7. Name and Address of New Registered Agent Name SAME 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 <u><i>Michelle Sas</i></u> DATE <u>8/11/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAS, MICHELLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>525 NE 31 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33137</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PST	<input type="checkbox"/> Delete	NAME	SAS, MICHELLE		STREET ADDRESS	525 NE 31 STREET		CITY - ST - ZIP	MIAMI FL 33137		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	PST	<input type="checkbox"/> Delete																											
NAME	SAS, MICHELLE																												
STREET ADDRESS	525 NE 31 STREET																												
CITY - ST - ZIP	MIAMI FL 33137																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Michelle Sas</i></u> <u>8/11/04</u> <u>305-573-7020</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

August 11, 2004

Attachment
24086018,

#P95000016624

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

To Whom It May Concern,


I am writing to ask that the fee for our 2004 corporate annual report be allowed to remain \$150.00. Business has been very slow for us, and we have been struggling to stay afloat. The reason why we did not report was that we simply did not have the filing fee. We were contemplating dissolving the business.

But we have acquired some new accounts, and things are looking up. We still, however, are struggling to pay all of our bills, and moneys owed, so I ask that we be allowed to pay the \$150.00 instead of the penalty fee of \$550.00

I am including a check in the amount of \$150.00. If it is not possible to waive the penalty fee, then please contact me at the number below and I will mail in the additional money.

Thank you for your help in this matter.

Sincerely,



Michelle Sas
President

pallas photographic, inc.

8 northeast 40 street miami florida 33137

tel/fx: 305.573.7020 pallas@gate.net



Attachment
24686018

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2004

PALLAS PHOTOGRAPHIC, INC.
8 N.E. 40 STREET
MIAMI, FL 33137 US

SUBJECT: PALLAS PHOTOGRAPHIC, INC.
Ref. Number: P95000016624

We have received your document for PALLAS PHOTOGRAPHIC, INC. and your check(s) totaling \$158.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25. If a certificate of status is desired, please add an additional \$8.75

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 504A00050879