

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90064 025 \*\*\*150.00

**DOCUMENT # P96000017624**

1. Entity Name

CANDYLAND CHILDREN WEAR & PHOTO STUDIO, INC.



Principal Place of Business

8200 WEST 33 AVE.  
BAY #7  
HIALEAH FL 33018

Mailing Address

3188 W. 70TH TERRACE  
HIALEAH FL 33016



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

3188 W 70TH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

65-0664206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, ROGELIO  
3188 W. 70TH TERRACE  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

**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: JIMENEZ, HAYDEE  
STREET ADDRESS: 3188 W. 70TH TERRACE  
CITY - ST - ZIP: HIALEAH FL 33016 ☐ Delete

TITLE: T  
NAME: JIMENEZ, ROGELIO  
STREET ADDRESS: 3188 W. 70TH TERRACE  
CITY - ST - ZIP: HIALEAH FL 33016 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

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STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

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:

*Rogelio Jimenez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07 (305) 846-2640