2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an

**SIGNAT** 

## Mar 13, 2006 08:00 AM DOCUMENT # P96000103971 **Secretary of State** 1. Entity Name RANDY MILLER'S PHOTO-PRO INTERNATIONAL, INC. Mailing Address Principal Place of Business 6335 WILEY ST. HOLLYWOOD FL 33023 US **6335 WILEY ST.** HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, RANDY S Street Address (P.O. Box Number is Not Acceptable) 6335 WILEY ST HOLLYWOOD FL 33023 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature (enumed when roinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May B: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 🔲 Addinia. ☐ Change TITLE D ☐ Delete TITLE NAME NAME MILLER, RANDY S STREET ADDRESS UNUNNA63328 - 03/21/**0**6-30071 6335 WILEY ST. STREET ADDRESS COTY-ST-7/P -025 **150.0**0 CITY-SI-ZIP HOLLYWOOD FL 33023 ☐ Change Additio ☐ Defeta TITLE TITLE NAME MARKE STREET ADURESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Delete Chance ☐ Addition BILL MAME STREET ADDRESS STREE I ADDRESS CALY-ST-JIP CHY-SI-ZIP ☐ Addison Oefete ☐ Change TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Add® Defete □ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CHY-ST-MP Delete ☐ Change 🔲 Addisir THEE THEC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 of director of the corporation of 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 indirector.

MUDY S. MILLER

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