

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90001 048 ***558.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000076694

1. Entity Name
LOTUS PHOTOGRAPHY, INC.



Principal Place of Business
1348 WASHINGTON AVE
#279
MIAMI BEACH, FL 33139

Mailing Address
1348 WASHINGTON AVE
#279
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
4437 Sheridan Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami Beach Fla

City & State

08292007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0778835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALLO, CARMEN M
1348 WASHINGTON AVE
#279
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Greg Lothes

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

4437 Sheridan Ave

City
Miami Beach

FL

Zip Code
33140

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LOTES, GREG
1348 WASHINGTON AVE, #279
MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/07

917 482 7184