

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 042 ***158.75

DOCUMENT # P97000076694

1. Entity Name
LOTUS PHOTOGRAPHY, INC.



Principal Place of Business
**4437 SHERIDAN AVE
MIAMI BEACH, FL 33140**

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

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

3. Mailing Address

4437 Sheridan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Beach FL

Zip

Country

Zip

Country

33140

USA

01152008

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

**LOTHES, GREG
4437 SHERIDAN AVE
MIAMI BEACH, FL 33140**

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)

1/26/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
LOTHES, GREG
1348 WASHINGTON AVE, #279
MIAMI BEACH, FL 33139**

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4437 Sheridan Ave
Miami Beach, FL 33140**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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

1/26/08

Date

Daytime Phone #

9174827184