


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000026436</b>	
1. Entity Name PHOTOBE, INC.	

**FILED**  
**Jul 02, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 700 EAST DANIA BEACH BOULEVARD SUITE 202 DANIA, FL 33004	Mailing Address 700 EAST DANIA BEACH BOULEVARD SUITE 202 DANIA, FL 33004
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06252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0826045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  VIVIES, PATRICK 700 EAST DANIA BEACH BOULEVARD SUITE 202 DANIA, FL 33004
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 -  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD VAUBOURG, DANY 252 JEFFERSON AVE # 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPT BARRE, GILLES 252 JEFFERSON AVE # 12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR RICHERT, TOM 252 JEFFERSON AVENUE #12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SEC RICHERT, STEPHANIE 252 JEFFERSON AVENUE #12 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U00000953484  
07/02/08-80001-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **6/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #