

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 016 ***158.75

DOCUMENT # P99000004115	
1. Entity Name THE SHUTTERBUG COLLECTION, INC.	

Principal Place of Business 1450 MADRUGA AVENUE SUITE #404 CORAL GABLES, FL 33146	Mailing Address 1450 MADRUGA AVENUE SUITE #404 CORAL GABLES, FL 33146
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54066035



2. Principal Place of Business 7460 S.W. 48 Street	3. Mailing Address 7460 S.W. 48 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07282004 Chg-P CR2E034 (10/03)

City & State Miami, Florida	City & State Miami, Florida
Zip 33155	Country U.S.A.
Zip 33155	Country U.S.A.

4. FEI Number 65-0888773	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUNTER, ROBERT J 1500 S. DIXIE HIGHWAY SUITE 300 CORAL GABLES, FL 33146	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

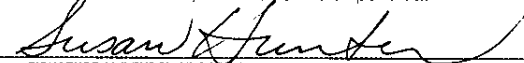
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	DATE
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FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, ROBERT JR. 1500 S. DIXIE HIGHWAY CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, SUSAN 1500 S. DIXIE HIGHWAY CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		