2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCOMENT # P99000068464

1. Entity Name CUSTOM PHOTOGRAPHIC, INC.

Principal Place of Business

Mailing Address

4315 NW 7TH STREET #50 MIAMI, FL 33126

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FILED Apr 02, 2004 08:00 AM Secretary of State



| | | | | | | 03292004 |
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No Chg-P

CR2E034 (10/03)

| 4. | FEI Number |
|----|------------|
| | 65-0938246 |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JULIO C 833 SW 9TH COURT MIAMI, FL 33130

SIGNATURE: ×

SIGNATURE AND TY

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 | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Ca After May 1, 2004 Fee will be \$550.00 Trust Fund | | | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | * | | | | |
| TITLE EMAME STREET ADDRESS CITY+ST-ZIP | PTD SANCHEZ, JULIO CESAR 833 SW 9TH COURT MIAMI, FL 33130 | : | | | UNONNO 101379 | | | |
| THE NAME STREET ADDRESS CRY-ST-ZIP | | | | | U00000101379 04/02/04-80010-019 150.00 | | | |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | IN . | THIS SPACE | | | |
| THEE NAME SIRELI ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ACCRESS CITY-ST-ZIP | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 trusted removement of execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applies with all other like empowered. | | | | | | | | |

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULID C. SANCHEZ