01/21/2004 17:16 3055990895 CORDERO CF

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90055 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000068494

1. Entity Name
FOTOSHOW GROUP, INC.

44004258

Principal Place of Business	Mailing Address
1918 NW 137 WAY PEMBROKE PINES, FL 33028 US	1918 NW 137 WAY PEMBROKE PINES, FL 33028 US

01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Pembroke Pines	1918 NW 137 way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Same	City & State: Same
Zip: 33028 Country: US	Zip: 33028 Country: US

4. FEI Number 65-0939607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRDIO, JOSE
FOTOSHOW GROUP INC
1918 NW 137 WAY
PEMBROKE PINES, FL 33028

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, JOSE M FOTOSHOW GROUP INC. ATTN. JOSE GARRIDO ~~HOLLYWOOD~~, FL 33028 Pembroke Pines ☐ 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: ____________________ 01/21/04 954 435 0758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #