

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 048 ***150.00

DOCUMENT # S34188

1. Entity Name
AMERICAN GROUP PHOTOGRAPHY, INC.



Principal Place of Business
1385-87 W PALMETTO PK RD
BOCA RATON, FL 33486 US

Mailing Address
1385-87 W PALMETTO PK RD
BOCA RATON, FL 33486 US

50007227



2. Principal Place of Business

1385 W. Palmetto PK. Rd.
Suite, Apt. #, etc.

3. Mailing Address

1385 W. Palmetto PK. Rd.
Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State
Boca Raton, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0249038

Applied For
Not Applicable

Zip 33486 Country USA

Zip 33486 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TICKIN, PETER DAVID
5295 TOWN CENTER ROAD 3RD FLOOR
BOCA RATON, FL 33486

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, 2006 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 P ☐ Delete
NAME LORBER, PETER
STREET ADDRESS 22701 CAMINO DEL MAR #36
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME LORBER, ADDIE
STREET ADDRESS 22701 CAMINO DEL MAR #36
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Arthur A. Lorber

03/30/06

561-361-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #