

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 009 ***150.00

DOCUMENT # S94168

1. Entity Name
LASTING IMPRESSIONS PICTURE SOAP, INC.



Principal Place of Business
~~8782 SONOMA LAKE BLVD.~~
BOCA RATON, FL 33434 US

Mailing Address
~~8782 SONOMA LAKE BLVD.~~
BOCA RATON, FL 33434 US

40127092



2. Principal Place of Business - No P.O. Box #
676 W. PROSPECT RD
Suite, Apt. #, etc.

3. Mailing Address
676 W. PROSPECT RD
Suite, Apt. #, etc.

07232007 Chg-P CR2E034 (12/06)

City & State
FT. LAUDERDALE FL
Zip **33309** Country

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FT. LAUDERDALE, FL 33309
Zip **33309** Country

4. FEI Number
65-0301671
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, JOANNE C
~~8782 SONOMA LAKE BLVD.~~ **676 W. PROSPECT RD**
~~BOCA RATON, FL 33434~~ **FT. LAUDERDALE, FL 33309**

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 DATE **7/23/07**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	<input type="checkbox"/> Delete
P	FISHER, JOANNE C	8782 SONOMA LAKE BLVD. 676 W. PROSPECT RD	BOCA RATON, FL 33434 FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/07