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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/9/2005-90002-038-$61.25-$61.25

8/

DOCUMENT # N00000002208

1. Entity Name

ART OF THE HEART, INC.

FILED

05 DEC -5 PM 4:28

SECRETARY OF STATE

2nd MOORE CR2E037 (5/05)

Principal Place of Business	Mailing Address
1580 WEST AVE.,APT.306 MIAMI BEACH FL 33139 US	PO BOX 398-391 MIAMI BEACH FL 33139 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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
FRANK, RITA 1580 WEST AVE APT.306 MIAMI BEACH FL 33139	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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

FILE NOW: FEE IS $61.25
Due By September 7, 2005

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

Make Check Payable to Florida Department of State

10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK, RITA 1580 WEST AVE.,APT.306 MIAMI BEACH FL 33139 VD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK, LEONARD 1580 WEST AVE.,APT.306 MIAMI BEACH FL 33139 TD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUBERMAN, GISELA 1580 WEST AVE.,APT.306 MIAMI BEACH FL 33139	☐ 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 B. 12/05/05
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

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 617, 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: Rita Frank Aug. 25, 2005 (305)6734156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sept 2005

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My FEI number from IRS
is
16-1742630

I previously submitted documentation and it was rejected and returned.
This is the third time.
within 30 DAYS. I am
within the time requested as
per our last telephone conversation
end November. Sincerely, Rita Frank

Ms. Rita Frank
PO Box 398391
Miami Beach, FL 33239