


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90180 004 ***150.00

DOCUMENT # P00000081447

1. Entity Name
FINE ARTS SERVICES, INC.



Principal Place of Business
**655 BUTTONWOOD LANE
 MIAMI, FL 33137**

Mailing Address
**655 BUTTONWOOD LANE
 1221 BRICKELL AVENUE 23RD FLOOR
 MIAMI, FL 33137**



2. Principal Place of Business
**4770 BISCAYNE BLVD.
 SUITE 960
 MIAMI, FLORIDA
 33137 U.S.A**

3. Mailing Address
**4770 BISCAYNE BLVD.
 SUITE 960
 MIAMI, FLORIDA
 33137 U.S.A**

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1042915

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPDIRECT AGENTS
 103 N MERIDIAN ST LOWER LEVEL
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
FELIPE GRIMBERG

Street Address (P.O. Box Number is Not Acceptable)
4770 BISCAYNE BLVD SUITE 960

City
MIAMI FL 33137

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: *Felipe Grimbreg*
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMBERG, FELIPE	
STREET ADDRESS	655BUTTONWOOD LANE	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMBERG, FELIPE	
STREET ADDRESS	4770 BISCAYNE BLVD SUITE 960	
CITY-ST-ZIP	MIAMI, FL - 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Felipe Grimbreg* **APR. 29, 2004** (305)438-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #