2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 25, 2004 8:00 am DOCUMENT # P01000062836 **Secretary of State** 1. Entity Name 02-25-2004 90050 027 ***150.00 ATLANTIS PORCELAIN ART CORP. Principal Place of Business Mailing Address 12415 SW 43 STREET MIAMI FL 33175 3601 SW 1ST AVE MIAMI FL 33-143n 2. Principal Place of Business 3. Mailing Address 3601 3W 1ST AUC 3601 SW Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1123921 MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.' Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINEZ, JORGE Street Address (P.O: Box Number is Not Acceptable) 12415 SW 43 STREET **MIAMI FL 33175** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition MARTINEZ. JORGE MARTINEZ, JORGE NAME NAME 12415 SW 43 STREET 36015W 15 AUC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP 114MI FL 33145 ☐ Addition TITLE Detete TITLE Change lalido, Dairus VALIOO, DAIRYS NAME NAME 3601 SW IST AVE STREET ADDRESS 12415 SW 43 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED