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Jun 01, 2004 8:00 am
Secretary of State
04-19-2004 90358 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079997

1. Entity Name
WOOD 'N ART CORP.

Principal Place of Business	Mailing Address
16009 EMERALD COVE RD WESTON, FL 33331	16009 EMERALD COVE RD WESTON, FL 33331

66425464

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16009 Emerald Cove Rd	16009 Emerald Cove Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Fl	City & State: Weston, Fl
Zip: 33331 Country: USA	Zip: 33331 Country: USA

4. FEI Number: 20-0106929 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VARGAS, PATRICIA
16009 EMERALD COVE RD
WESTON, FL 33331

7. Name and Address of New Registered Agent
Name: Vargas Patricia
Street Address (P.O. Box Number is Not Acceptable): 16009 Emerald Cove Rd
City: Weston FL Zip Code 33331

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] DATE: 5/01/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT VARGAS, ALEJANDRO 16009 EMERALD COVE RD WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Vargas Alejandro 16009 Emerald Cove Rd Weston, Fl 33331	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS VARGAS, PATRICIA 16009 EMERALD COVE RD WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Vargas, Patricia 16009 Emerald Cove Rd, Weston, Fl 33331	☐ Change ☐ Addition
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
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 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] 4/14/04 954-660-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #