


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000088150
1. Entity Name
ART & SCULPTURE UNLIMITED, INC.



Principal Place of Business 7661 N.W. 68TH ST. BAY NO. 103 MIAMI, FL 33166	Mailing Address 7661 N.W. 68TH ST. BAY NO. 103 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2391102	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**VALDES, LAZARO
3420 S.W. 104 AVE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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: *Lasaro Valdes* **4/10/07**
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, 2007 Fee will be \$550.00**

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

U00000709902
04/25/07-00022-010 150.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, LAZARO 3420 SW 104 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES, IGNACIO M 7996 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREIRO, NEYDA M 7996 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, JUANA M 7996 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Lasaro Valdes* **4/10/07** **(305) 887 6107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #