

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088150

FILED  
Jun 04, 2009  
Secretary of State

Entity Name: ART & SCULPTURE UNLIMITED, INC.

**Current Principal Place of Business:**

7661 N.W. 68TH ST.  
BAY NO. 103  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7661 N.W. 68TH ST.  
BAY NO. 103  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 56-2391102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VALDES, LAZARO  
Address: 3420 SW 104 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VD ( ) Delete  
Name: VALDES, IGNACIO M  
Address: 7996 GRAND CANAL DRIVE  
City-St-Zip: MIAMI, FL 33144

Title: SD ( ) Delete  
Name: PEREIRO, NEYDA M  
Address: 7996 GRAND CANAL DRIVE  
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete  
Name: VALDES, JUANA M  
Address: 7996 GRAND CANAL DRIVE  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO VALDES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

06/04/2009

\_\_\_\_\_ Date