

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 044 ***150.00

DOCUMENT # P03000096969	
1. Entity Name STARVING ARTIST GALLERY, CAFE & STUDIOS, INC.	

Principal Place of Business 822 BAY POINT DRIVE MADEIRA BEACH, FL 33708	Mailing Address 822 BAY POINT DRIVE MADEIRA BEACH, FL 33708
---	---

2. Principal Place of Business 2955 CENTRAL AVENUE	3. Mailing Address 2955 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33713	Zip 33713
Country USA	Country USA

02182004 Chg-P CR2E034 (10/03)

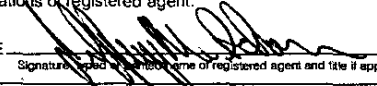
4. FEI Number 86-1082236	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent VALENTE JR., ANTHONY P ESQ. 770 SECOND AVENUE SOUTH ST. PETERSBURG, FL 33701	
--	--

7. Name and Address of New Registered Agent Name JEFF SCHORR Street Address (P.O. Box Number is Not Acceptable) 822 BAY POINT DRIVE City MADEIRA BEACH FL Zip Code 33708	
--	--

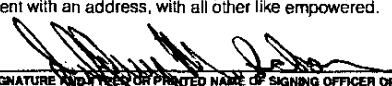
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/1/04**
(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	D SCHORR, STEPHANIE 822 BAY POINT DRIVE MADEIRA BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHORR, JEFF 822 BAY POINT DRIVE MADEIRA BEACH, FL 33708 ☐ 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
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:  DATE **4/1/04** (787) 397-1725
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR