2006 FOR PROFIT CORPORATION

FILED Apr 17, 2006 08:00 AN Secretary of State

NA	NUAL REPURI	
DOCUMENT # P04000044530 1. Entity Name MB ART PRODUCTIONS CORP.		
Principal Place of Business	Mailing Address	F
2100 SANS SOUCI BLVD. #B205	2100 SANS SOUCI BLVD. #B205	
NORTH MIAMI, FL 33187	NORTH MIAMI, FL 33181	
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04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0861836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELLO, MILAGROS S DO NOT WRITE 2100 SANS SOUCI BLVD. #B205 IN THIS SPACE NORTH MIAMI, FL 33181 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, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME BELLO, MILAGROS S STREET ADDRESS 2100 SANS SOUCI BLVD., #B205 CRY-ST-7IP NORTH MIAMI, FL 33181 U00000510738 04/29/06-80019-015 150.00 IULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MARAF STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP ITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-SI-ZIP

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #