

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 08:00 AM
Secretary of State



DOCUMENT # P95000052433

1. Entity Name
CONSTRUCTIVE ART, INC.

Principal Place of Business 14305 S.W. 142ND AVE. MIAMI FL 33186 US	Mailing Address 14305 S.W. 142ND AVE. MIAMI FL 3318
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 65-0594346	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ROSENDORF, HOWARD S JR. 14305 S.W. 142ND AVE. MIAMI FL 33186	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P ROSENDORF, HOWARD S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14305 S.W. 142ND AVE			NAME			
STREET ADDRESS	MIAMI FL			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
U00000765751 06/04/07 00003 011 150.00							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Howard S. Rosendorf 5-31-07 305-253-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #