

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006271

FILED
May 13, 2006
Secretary of State

Entity Name: MSM ARTS, INC.

Current Principal Place of Business:

2820 NW 179TH STREET
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

2820 NW 179TH STREET
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 32-0153398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SABIR, NASHID
18350 N.W. 2ND AVE STE 500
MIAMI, FL 33169 US

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MUSTAFA, MELTON S
Address: 2820 NW 179TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DC () Delete
Name: HAMIN, MIKAL T
Address: 6801 NW 12TH STREET
City-St-Zip: PLANTATION, FL 33313

Title: DT () Delete
Name: SABIR, NASHID
Address: 6801 NW 12TH STREET
City-St-Zip: PLANTATION, FL 33313

Title: DS () Delete
Name: JAMES, WENDELL A JR
Address: 18820 NW 29TH PLACE
City-St-Zip: MIAMI, FL 33056

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELTON S. MUSTAFA

DC

05/13/2006

Electronic Signature of Signing Officer or Director

Date