2005 FOR PROFIT CORPORATION-**ANNUAL REPORT**

FILED Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # 501334** 1. Entity Name OLD & MODERN MASTERS, INC. Principal Place of Business_ Mailing Address 716 LINCOLN RD 730 LINCOLN RD. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 02012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1669681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ERWIN STERN** DO NOT WRITE 730 LINCOLN ROAD MIAMI, FL 33139 _ IN THIS SPACE 3. 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. Signature, lyped or profest name of registered agent and tire if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE STERN.ERWIN NAME STREET ADDRESS 1800 NE 114 ST APT 1510 CITY-ST ZIP MIAMI BEACH, FL 33181 TITLE STERN, FAYE NAME STREET ADDRESS 1800 NE 114 ST APT 1510 MIAMI BEACH, FL 33181 CITY-ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 instee 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF

Date

Daytime Phone #