

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 624508

Entity Name: MIAMI ARTISTIC GROUP, INC.

FILED
Dec 07, 2006
Secretary of State

Current Principal Place of Business:

2981 W MCNAB RD.
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2981 W MCNAB RD.
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-1926439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: SAVIR, ISRAEL,
Address: 2981 W. MCNAB RD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKENZIE, STEPHEN E,
Address: 2981 W. MCNAB RD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: DST () Change (X) Addition
Name: GOODSON, R. BRADLEY
Address: 2981 W. MCNAB RD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP-F () Change (X) Addition
Name: GOODSON, R. BRADLEY
Address: 2981 W. MCNAB RD.
City-St-Zip: POMPANO BEACH, FL 33069

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

SIGNATURE: DEBORAH L. WALKER, PARALEGAL SPECIALIST

PARA

12/07/2006

Electronic Signature of Signing Officer or Director

Date