

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 722649 1. Entity Name PRO-ARTE GRATELI, INC.			
Principal Place of Business 1059 SW 27 AVE MIAMI, FL 33135		Mailing Address 1059 SW 27 AVE MIAMI, FL 33135	
DO NOT WRITE IN THIS SPACE		 02232006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1405398		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA ROSA, PILI 642 NW 136 AVE MIAMI, FL 33182		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000482983 04/11/06-80097-015 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA ROSA, PILI 642 NW 136 AVE MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, MARTA 3551 SW 9TH TERRACE #511 MIAMI, FL 33135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENENDEZ, ANA M 642 NW 136 AVE MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PEREZ RUDISILLI, MARIA 642 NW 136 AVE MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 617, 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: <i>Pili de la Rosa</i>		Date 03/24/06 Daytime Phone # 305-642-683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			