

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F00000006486

1. Entity Name
FINE ART SALES, INC.



Principal Place of Business
29469 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI 48034

Mailing Address
29469 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI 48034



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0404040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOLINA, ALBERT
STREET ADDRESS	16000 NW 59 AVENUE, SUITE 101
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	V
NAME	SCAGLIONE, MARC
STREET ADDRESS	29469 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	ST
NAME	YANKE, NICOLETTE
STREET ADDRESS	29469 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80046-007 150.00

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07

248-354-2343

X1214