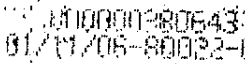


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # G30237																																		
1. Entity Name CIANFONI ART RESTORATION/CONSULTANTS, INC.																																		
Principal Place of Business 270 NW 36TH STREET MIAMI, FL 33127 US		Mailing Address PO BOX 370947 MIAMI, FL 33137-0947 US																																
DO NOT WRITE IN THIS SPACE																																		
5. Name and Address of Current Registered Agent CIANFONI, EMILIO F. 272 N.W. 36TH STREET MIAMI, FL 33137		 01042005 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2285412 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>CIANFONI, EMILIO F</td> </tr> <tr> <td>STREET ADDRESS</td> <td>270 NW 36TH STREET</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	PD	NAME	CIANFONI, EMILIO F	STREET ADDRESS	270 NW 36TH STREET	CITY - ST - ZIP	MIAMI, FL	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		 01/01/06-80022-012 150.00 DO NOT WRITE IN THIS SPACE
TITLE	PD																																	
NAME	CIANFONI, EMILIO F																																	
STREET ADDRESS	270 NW 36TH STREET																																	
CITY - ST - ZIP	MIAMI, FL																																	
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY - ST - ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY - ST - ZIP																																		
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 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: 		01-06-06																																