2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 27, 2006 08:00 AN DOCUMENT # L80543 1. Entity Name **Secretary of State** INTERNATIONAL PROMOTERS OF ART, INC. Principal Place of Business Mailing Address 932 CENTRE CIRCLE 932 CENTRE CIRCLE **SUITE 1100 SUITE 1100** ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3028673 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASHEM ALSALAH Street Address (P.O. Box Number is Not Acceptable) 111 WISTERIA DRIVE LONGWOOD FL 32779 City Zip Code 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 typed or printed name of registered agent and lifte it applicable (NOTE Registered Agent signature required when (cinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addiii NAME ALSALAH, HUDA NAME STREET ADDRESS 1167 NIKULINA CT STREET ADDRESS 1/00000407132 CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA <u> / 108 / 106 - 901 / 104 - 104 </u> <u> 120 00</u> TITLE Delete TITLE Additi NAME ALSALAH, HASHEM NAME STREET ADDRESS 111 WISTERIA DRIVE STREET ADDRESS CITY-ST-718 LONGWOOD FL CITY-ST-ZIP TITLE ☐ Dolete TITLE ☐ Change Add. NAME ALSALAH, BASIM MAME STREET ADDRESS STREET ADDRESS 111 WISTERIA DR. CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Adire MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete THEF Change T Adding STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report strue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee exposwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20b (407) 788-29