2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 01, 2006 08:00 Al Secretary of State

AMMALI	rei Oiri			wiay ui, zuuu uotuu	
DOCUMENT # M60820 1. Entity Name ONATE FRAMING GALLERY CORP.	e e e			Secretary of State	
4385 S.W. 72ND AVENUE	Mailing Address 4385 S.W. 72ND AVENUE MIAMI, FL 33155				
ga annabi ga			 		
		-			
DO NOT WRITE IN THIS SPACE			## 04262006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2849448 Not Applicable		
			6. Name and Address of Current Regi	istered Agent	* *
ONATE, CESAR 9400 S W 61ST ST MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE			
				<u> </u>	
8. The above named entry subports 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with a comparison of registered agent, or both, in the State of Florida. I am familiar with a comparison of registered agent, or both, in the State of Florida. I am familiar with a comparison of registered agent, or both, in the State of Florida. I am familiar with a comparison of registered agent, or both a comparison of					
Silgrature typed or printed name of registered of fin and dit	fe if applicable (NOTE Registere	d Agent signature required	twhen remetabing)	, pare	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Fina. Trust Fund Contribution.	noing \$5.	.00 May Be ed to Fees	000000544320 05/11/06-80032-005 150.00	
10. OFFICERS AND DIRE	ECTORS	1			
NAME ONATE, CESAR STREET ADDRESS 4385 S W 72ND AVENUE CITY SI ZIP MIAMI, FL 33155				_	
TITLE					
NAME STREET ADDRESS CITY ST-ZIP					
INTLE	<u> </u>	1			
NAME STREET ADDRESS			DO	NOT WRITE	
CITY ST ZIP		4	-		
THE NAME			IN	THIS SPACE	
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		1		İ	
STREET ADDRESS CITY ST - ZIP				,	
TITLE	 	1	-		
NAME STREET ADDRESS		1			
CITY ST-ZIP 12. I hereby certify that the information supplied with this	filing does not qualify for the ex	emptions container	in Chaoter 11	9. Florida Statutes. I further certily that the information	
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is into of the corporation or the receiver or trustee employed changed, or on an attachment with an address fwith	and accurate and that my signal ed to execute this report as requ all other like empowered.	iture shall have the fred by Chapter 60	same legal elfe 7, Florida Statut	ct as if made under oath, that I am an officer or director es, and that my name appears in Block 10 or Block 11 if	