2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 24, 2004 8:00 am Secretary of State DOCUMENT # N00000007387 1. Entity Name 08-24-2004 90002 043 ****70 00 FLAMINGO ART STUDIO CORPORATION Principal Place of Business Mailing Address **4500004**0 502 KANUGA DRIVE WEST PALM BEACH FL 33401-7218 502 KANUGA DRIVE WEST PALM BEACH FL 33401-7218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 65-1053967 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCVAY, DOUGLAS 619 N DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 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. Exlegistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 8, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATRUSEVICH, ALAN NAME NAME 502 KANUGA DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401-7218 CITY-ST-ZIP CITY-ST-ZIP DIR -Delete TITLE Change Change Addition PATRUSEVICH, AIMEE N PATRUSEVICH NAME NAME Address 1830 EMBASSY #604 4751 VIA PALMLAKE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP PARM Beach. 33417 TITLE TITLE ☐ Change ☐ Addition MUSSO, FEDELE NAME NAME 32 E. CENTER ST STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY - ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED