2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02993

FILED Jul 15, 2004 Secretary of State

Entity Name: SOUTH FLORIDA ART CENTER, INC.

Current Principal Place of Business:				New Principal Place of Business:			
924 LINCOI	LN RD						
205 MIAMI BEA	CH, FL 33139	9					
Current Mailing Address:				New Mailing Address:			
924 LINCOI SUITE 205 MIAMI BEA	LN RD CH, FL 33139) US					
FEI Number:	59-2423867	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status	Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Ag	ent:
FARKAS, WILLIAM % SOUTH-FLORIDA ART CENTER, INC. 924 LINCOLN RD STE 205 MIAMI BEACH, FL 33139				BIANCHINO, DENA % SOUTH-FLORIDA ART CENTER, INC. 924 LINCOLN RD STE 205 MIAMI BEACH, FL 33139			
The above in the State		submits this statement for the	purpose of	changing it	ts registered	office or registered a	gent, or both,
SIGNATUR	E: DENA BIA	ANCHINO				07/15/2004	
	Electron	ic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () KOVEL, KIM 5160 N. BAY RI MIAMI BCH, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CE () SHACK, RICHA 151 SE 15 RD MIAMI, FL 331			Title: Name: Address: City-St-Zip:	VD (CHIMENTO, T 20 ISLAND AV MIAMI BEACH	VENUE #812	
Title: Name: Address: City-St-Zip:	ss: 1455 W AVE #404			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ED () FARKAS, WILL 5851 N BAY RE MIAMI BEACH,)		Title: Name: Address: City-St-Zip:	ED (BIANCHINO, I 151 SE 15 RE MIAMI, FL 33	D #2701	
Title: Name: Address: City-St-Zip:	TD () RUBEN, MARC 4434 POST AV MIAMI BEACH,			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENA BIANCHINO ED 07/15/2004