

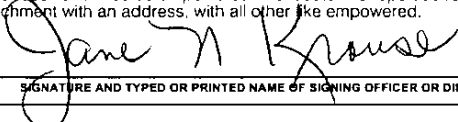


2007, NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002059						FILED 07 MAY 11 PM 4:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ARTWORKS ASSOCIATES II, INC.				Principal Place of Business 4180 SW 74TH COURT MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address 4180 SW 74TH COURT MIAMI, FL 33155			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State MIAMI FLORIDA			
Zip		Country		Zip 33143		Country MIAMI - Dade	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SILVERSTEIN, CAROLE B 7401 SW 145TH TERRACE MIAMI, FL 33158				Name KRAUSE, JANE N. Street Address (P.O. Box Number is Not Acceptable) 8704 S.W. 79 PLACE City MIAMI FL Zip Code 33143			
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 				DATE 5/9/07			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) JANE N. KRAUSE, PRESIDENT			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERSTEIN, CAROLE B 4180 SW 74TH COURT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D KRAUSE, JANE N. 8704 SW 79 PLACE MIAMI FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIORENTINO, GABRIELE 4180 SW 74TH COURT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D GILLY, JANE 3926 Utopia COURT COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOBEL, PETER 4180 SW 74TH COURT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D JUDITH BEHRMANN 8225 SW 106 STREET MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, AT JULIA POLONYI 10478 SW 80 STREET MIAMI FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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.							
SIGNATURE: 				JANE N. KRAUSE 5/9/07 305-279-6555			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			