

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002286

FILED
Aug 22, 2006
Secretary of State

Entity Name: CHIE MOO ARTS INC.

Current Principal Place of Business:

770 NE 195 STREET
SUITE 132
MIAMI, FL 33179

New Principal Place of Business:

1768 CONLEY TRACE
CONLEY, GA 30288

Current Mailing Address:

770 NE 195 STREET
SUITE 132
MIAMI, FL 33179

New Mailing Address:

1768 CONLEY TRACE
CONLEY, GA 30288

FEI Number: 20-0841878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACQUES-ALCIN, MOOTCHIE
770 NE 195 STREET
UNIT 132
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

JACQUES-ALCIN, MOOTCHIE
1768 CONLEY TRACE
CONLEY, FL 30288 US

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.

SIGNATURE: MOOTCHIE ALCIN

08/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD () Delete
Name: JACQUES-ALCIN, MOOTCHIE
Address: 770 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: ALCIN, STEVENSON
Address: 770 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SOTT, LUIS O
Address: 6750 ARBOR DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: CRUZ, DAMARIES
Address: 2140 NE 56TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: VOLTAIRE, WEZINSKY
Address: 320 NW 129TH STREET
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: BILLINS, LISA
Address: 2300 NW 30TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EXD (X) Change () Addition
Name: JACQUES-ALCIN, MOOTCHIE
Address: 1768 CONLEY TRACE
City-St-Zip: CONLEY, GA 30288

Title: D (X) Change () Addition
Name: ALCIN, STEVENSON
Address: 1768 CONLEY TRACE
City-St-Zip: CONLEY, GA 30288

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MOOTCHIE JACQUES-ALCIN

EXD

08/22/2006

Electronic Signature of Signing Officer or Director

Date