

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008465

FILED
Apr 18, 2005
Secretary of State

Entity Name: PORTRAIT OF THE STARS, INC.

Current Principal Place of Business:

6321 ISLAND WAY
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6321 ISLAND WAY
MARGATE, FL 33063

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLERMONT, FRANTZ
6321 ISLAND WAY
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLERMONT, FRANTZ
Address: 6321 ISLAND WAY
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: CLERMONT, LIONEL
Address: 3411 NW 22ND PL
City-St-Zip: COCONUT CREEK, FL 33063

Title: S () Delete
Name: DORCELY, FLORISE
Address: 1133 NW 45TH TERR
City-St-Zip: LAUDERHILL, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: FRANTZ CLERMONT

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date