

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 022 ***150.00

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1. Entity Name
IT'S A WORK OF ART, INC.



Principal Place of Business
2478 INLAND COVE RD.
PALM BEACH GARDENS, FL 33410

Mailing Address
2478 INLAND COVE RD.
PALM BEACH GARDENS, FL 33410



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1043886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BUSH, JR., GEORGE W~~
~~4440 PGA BLVD., #307~~
~~PALM BEACH GARDENS, FL 33410~~
ROBERT M. DONLON PA
4400 PGA BLVD. #900
PALM BEACH GARDENS, FL
33410

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | VTD |
| NAME | LLOP, ANA |
| STREET ADDRESS | 2478 INLAND COVE RD. |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | PSD |
| NAME | MATZ, WARREN W |
| STREET ADDRESS | 2478 INLAND COVE RD |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 607, 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:

ANA LLOP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 13, 07

Date

561.6249774

Daytime Phone #