


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028060
 1. Entity Name
 FLORIDA CONTEMPORARY ART, INC.



Principal Place of Business Mailing Address
 306 ALCAZAR AVE. 306 ALCAZAR AVE.
 STE. 302 STE. 302
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1086970 Not Applicable

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

6. Name and Address of Current Registered Agent
 VEGA, ALBERT P
 306 ALCAZAR AVE.
 STE. 302
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GETREIDE, PATRICK 306 ALCAZAR AVE., STE. 721 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VEGA, ALBERT P 306 ALCAZAR AVE., STE. 721 CORAL GABLES, FL 33134
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UDJ00315239
 04/19/05-80028-006 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #