2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Apr 02, 200 / 08:00		
DOCUMENT # P01000032255 1. Entity Name EL ARTE ORNAMENTAL CORP.				Secretary of Stat		
4800 E. 10TH LANE	Aailing Address 4800 E. 10TH LANE HIALEAH, FL 33013		1220 12	I III ORROE AVEN ERINI BRINI ERINI BRINI	A UNIO ARRICUITOS RUEL DUNDES IRARI	
	N TINO ODA		0323200	7 No Chg-P Cl	R2E034 (11/05)	
DO NOT WRITE I	N THIS SPA	UE.		nber 070025 ste of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Regi	stered Agent		,		3 1 2 7	
OSORIO, DAGOBERTO 4800 E. 10TH LANE HIALEAH, FL 33013 8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or a	IN	NOT WRI	CE	
SIGNATURE	id applicable. (NOTE; Registere	d Agent signature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	S. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRE	CTORS		3		,	
TITLE PSTD NAME OSORIO, DAGOBERTO \$17EE ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 TITLE NAME STREET ADDRESS				UGGBDD 04/06/67-		
CITY-ST-ZIP HITLE NAME		,	Secretary Secretary			
STREET ADDRESS CITY-ST-ZIP TITLE			•	NOT WRI	•	
NAME Street address City-St-Zip						
TITLE NAME STREET ADDRESS						

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: ___

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYRES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ゆうコロロフ

Daytime Phone #