2006 FOR PROFIT CORPORATION

FILED - ANNUAL REPORT Feb 09, 2006 08:00 AN DOCUMENT # P01000035218 Secretary of State C. BRIGANTINI ART & GALLERY, INC. Principal Place of Business Mailing Address 7026 SW 87 AVE 7026 SW 87 AVE US MIAMI, FL 33173 MIAMI, FL 33173 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1100325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FONSECA, HECTOR L DO NOT WRITE 7026 SW 87 AVENUE MIAMI, FL 33173 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE NAME FONSECA, HECTOR L 7026 SW 87 AVENUE STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000426051 02/20/06-80028-014 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 true memory and the 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 with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR