

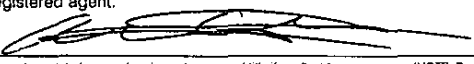



2005 FOR PROFIT CORPORATION ANNUAL REPORT

1092

DOCUMENT # P01000039920 1. Entity Name THE ART OF THE MIRROR, INC.						05 DEC 12 PM 12:22 STATE OF FLORIDA TALLAHASSEE, FLORIDA DEPARTMENT OF REVENUE 	
Principal Place of Business 7309 NW 46TH STREET MIAMI, FL 33166				Mailing Address 7309 NW 46TH STREET MIAMI, FL 33166			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 65-1094011				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EGUED, VANESSA 7309 NW 46TH STREET MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Alfredo Egued Street Address (P.O. Box Number is Not Acceptable) 13872 SW 8 st City Miami FL Zip Code 33184			
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  DATE 12/6/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGUED, MERCEDES 7309 NW 46TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alfredo Egued 13872 SW 8 st Miami FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EGUED, VANESSA 7309 NW 46TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Amarilys Egued 13872 SW 8 st Miami FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900062515099 12/30/05--01064--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				12/6/05 305)553-5104			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

2012

The Art of the Mirror, Inc
7309 N.W. 46th Street
Miami, Fl 33166

12/6/05

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

FEI #65-1094011

Document #P01000039920

To whom it may concern:

Please be advised that I did not received the renewal form for the 2005 Uniform Business Report. Therefore, I went ahead and requested one by phone.

Enclosed please find the signed form and also a check for \$150.00 towards the renewal. It is deeply appreciated if the additional fees could be waived.

Thank you in advance for your cooperation.

If more information is needed I may be reached at 305-553-5104.

Sincerely,



PD Alfredo Egued