2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043759

1. Entity Name
ARTS & SPORTS CENTER CORP



FILED Jul 10, 2006 08:00 AM Secretary of State

Principal Place of Business

1592 WEST 37 STREET HIALEAH, FL 33012 US Mailing Address

1592 WEST 37 STREET HIALEAH, FL 33012 US



DO NOT WRITE IN THIS SPACE

07052006	No Chg-P	CR2E034 (11/05)	
4. FEI Number		•	Applied For

5. Certificate of Status Desired

65-1099602

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASILIO PROFESSIONAL SERVICE 250 NW 107 AVENUE 108 MIAMI, FL 33172 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 little if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOWILL FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS TITLE COSTA, JESUS A NAME STREET ADDRESS 2953 W. 80 STREET, APT, 101 CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME COSTA, MARIA 2953 W. 80 STREET, APT. 101 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000568958 07/11/06-80006-015 150.00

DO NOT WRITE IN THIS SPACE

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 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 DIRECT

9/5/06 (305) 819-3389

Daytime Phone #