FILED Aug 25, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 8/9/20

DOCUMENT# P0100096552			08-09-2005 90003 018 ***15				
LEFT BANK ARTS, INC.							
Principal Place of Business	Mailing Address						
269 US HWY ONE TEOUESTA FL 33469	269 US HWY ONE L TEQUESTA FL 3346S)	1.				
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Suite, Apt. #. etc.	Suite, Apt. #, etc.		,,,	1st MOORE	CR2E034	4 (10/04)	
City & State	City & State	• .	4, 5	El Number 65-11	41829		Applied For Not Applical
Zip Country	Zp	Country	5. C	ertificate of Status De	D berke	\$8.75 A	
5. Name and Address of Cu	rrent Registered Agent			ame and Address of	New Registered	Agent	
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August 10, 2005

LEFT BANK ARTS, INC. . 269 US HWY ONE TEQUESTA; FE 33469

Subject: LEFT BANK ARTS, INC.

Reference Number:

P01000096552

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1506, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tailahassee, Florida 32314

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400 is Not Applicable, I did NOT

Perceive PRIOR NOTICE:

ATTACHMENT



Division of Corporations

Annual Report

Annual Report Help

Document Number
P0100096552

Business Entity Name
LEFT BANK ARTS, INC.

F After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number	651141829
FEI Number Status	• Listed Above C Applied For C Not Applicable
Certificate of Status Desired	C Yes © No \$8.75 each
Election Campaign Financing Trust F Contribution	Fund C Yes © No
Princip	pal Place of Business
Address	269 US HWY ONE
Suite, Apt. #, etc.	
City, State	TEQUESTA , FL
Zip Code & Country	33469
N	Tailing Address
Address	269 US HWY ONE
Suite, Apt. #, etc.	
City, State	TEQUESTA , FL
Zip Code & Country	33469
Name and A	ddress of Registered Agent
Name (Last, First, Middle, Title)	Sealy ,Kevin ,, ,
- OR -	

Business to serve as RA

on of Corporations	ATTACHMENT (#PO1000096 cceptable) 269 US HWY ONE	2607646
Address (PO Box is not a	# 10 (0 0 00 96) cceptable) 269 US HWY ONE	11 7 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc.		
City, State	TEQUESTA	, FL
Zin Code & Country	33469 US	

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

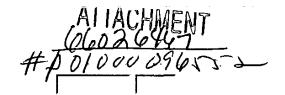
Registered Agent Signature Kevin Sealy

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	Р			
Name (Last, First, Middle, Title)	Sealy	, Kevin	,	,
- OR -				
Entity Name to serve as Officer/Director				m-gg
Street Address	2025 Broward	Ave. #2		
City, State	West Palm Be	ach	, FL	
Zip Code & Country	33407			
Title				
Name (Last, First, Middle, Title)		,	,	,
- OR -				
Entity Name to serve as Officer/Director		Harris de la companya de la company		
Street Address		······································		_
City, State			,	
Zip Code & Country				



Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature Kevin Sealy

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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