


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90009 040 ***150.00

DOCUMENT # P01000108477
 Entity Name
 SOUTH FLORIDA ART SCHOOL, INC.



Principal Place of Business
 914 TAYLOR ST.
 PT. 2
 HOLLYWOOD, FL 33021

Mailing Address
 5914 TAYLOR ST.
 APT. 2
 HOLLYWOOD, FL 33021

40024500



Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 65-1152099

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COVAR, ILEANA ARIA ESQ
 725 MAIN STREET
 VESTON, FL 33326

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

0. OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	PTD AREINGDALE, RICHARD 5914 TAYLOR ST. #2 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	VSD TIRADO, CARLOS 5914 TAYLOR ST. #2 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AREINGDALE, RICHARD 8562 NW 108 AV DORAL FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARLOS TIRADO 8562 NW 108 AV DORAL FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

2. 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: Carlos Tirado CARLOS TIRADO 0303 06954 7093766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #