
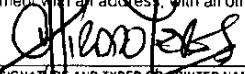


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 038 ***150.00

DOCUMENT # P01000108477			
1. Entity Name SOUTH FLORIDA ART SCHOOL, INC.			
Principal Place of Business 5914 TAYLOR ST. APT. 2 HOLLYWOOD, FL 33021		Mailing Address 5914 TAYLOR ST. APT. 2 HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 113 NW 79 LN		Suite, Apt. #, etc.	
City & State DORAL FL		City & State	
Zip 33178		Country USA	
4. FEI Number 65-1152099		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 TOVAR, ILEANA ARIA ESQ 1725 MAIN STREET WESTON, FL 33326		7. Name and Address of New Registered Agent Name: CARLOS TIRADO Street Address (P.O. Box Number is Not Acceptable): 113 NW 79 LN City: DORAL FL Zip Code: 33178	
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 _____ <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 \$150.00 After May 1, 2007 Fee will be \$550.00		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	PTD AREINGDALE, RICHARD 8562 NW 108 AVE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11309 NW 79 LN DORAL FL 33178
TITLE NAME STREET ADDRESS CITY ST-ZIP	VSD TIRADO, CARLOS 8562 NW 108 AVE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11309 NW 79 LN DORAL FL 33178
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		02 26 07 9547093966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40027263



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