


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90030 007 ***150.00

DOCUMENT # P01000108477

1. Entity Name
 SOUTH FLORIDA ART SCHOOL, INC.



Principal Place of Business
 113 NW 79TH LN
 DORAL, FL 33178

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

40004111



2. Principal Place of Business - No P.O. Box #
 5212 NW 108 PL

3. Mailing Address
 5212 NW 108 PL

Suite, Apt. #, etc.

04072008 Chg-P CR2E034 (12/06)

City & State
 DORAL FLORIDA

City & State
 DORAL FLORIDA

4. FEI Number
 65-1152099

Applied For
 Not Applicable

Zip
 33178

Country
 USA

Zip
 33178

Country
 USA

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

6. Name and Address of Current Registered Agent
 TIRAPO, CARLOS
 113 NW 79TH LN
 DORAL, FL 33178

7. Name and Address of New Registered Agent
 Name
 TIRADO CARLOS
 Street Address (P.O. Box Number is Not Acceptable)
 5212 NW 108 PL
 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 _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 11309 NW 79TH LN DORAL, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AREINGDALE RICHARD 5212 NW 108 PL DORAL FL. 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TIRADO, CARLOS 11309 NW 79TH LN DORAL, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARLOS TIRADO 5212 NW 108 PL DORAL FLORIDA 33178 <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
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 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] VSD. Date: 0403 2008 Daytime Phone #: 954 709 3969