


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90008 028 \*\*\*150.00

**DOCUMENT # P01000120517**

1. Entity Name  
**AMERICAN ART CLASSICS, INC.**



Principal Place of Business  
 1108 SOUTH MISSOURI AVENUE  
 SUITE 103  
 CLEARWATER, FL 33756

Mailing Address  
 1108 SOUTH MISSOURI AVENUE  
 SUITE 103  
 CLEARWATER, FL 33756



01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**1110 S. Missouri Ave**

3. Mailing Address  
**1110 S. Missouri Ave**

Suite, Apt. #, etc.  
**108**

City & State  
**Clearwater FL**

City & State  
**Clearwater, FL**

Zip Country  
**33756 US**

Zip Country  
**33756 US**

4. FEI Number  
**01-0549962**


Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
 Name  
**Frank Makan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1110 S. Missouri Ave # 108**  
 City  
**Clearwater** **FL** Zip Code  
**33756**

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 **1/6/04**

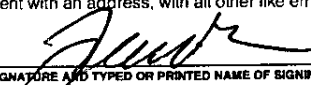
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MAKAN, FRANK<br>1108 SOUTH MISSOURI AVENUE SUITE 103<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1110 S. Missouri Ave. Suite 108 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DOBIN, BART<br>1108 SOUTH MISSOURI AVENUE SUITE 103<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1110 S. Missouri Ave. Ste. 108  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DOBIN, JUDAH<br>1108 SOUTH MISSOURI AVENUE SUITE-103<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1110 S. Missouri Ave Ste 108    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MAKAN, BARBARA<br>1108 SOUTH MISSOURI AVENUE SUITE 103<br>CLEARWATER, FL 33756 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1110 S. Missouri Ave. Ste 108   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:  DATE **1/6/04** DAYTIME PHONE # **727-461-4991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR