2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED DOCUMENT # P02000010357 Feb 01, 2007 08:00 AM **Secretary of State** AMERICAN & AFRICAN ART & ANTIQUES, INC. Principal Place of Business Mailing Address 2722 18TH AVE. SOUTH SAINT PETERSBURG FL 33712 2722 18TH AVE. SOUTH SAINT PETERSBURG FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 90-0007650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LUCK, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2722 18TH AVE. SOUTH SAINT PETERSBURG FL 33712 City Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title clamplicable. (NOTE: Registered Agent signature required when revisitable) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution., Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD DHE Delete Addition BIR ☐ Change LUCK, JAMES R ΝΛΜΓ NAMI U000006152<u>8</u>4 2722 18TH AVE. SOUTH STREET ADDRESS STREET ADDRESS 02/06/07-80065-015 150.00 SAINT PETERSBURG FL 33712 CHY-SI-7ff¹ CHY+ST-7IP ____ Change THILE Addition Delete HHE NAMI NAME STREET LADDRESS STRUTT ADDRESS C(IY-SI-ZIP CHY+ST-7/P THE Delete □ Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-7IP CHY-S1-ZIP Delete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-7IP TOTAL Delete 1010 ☐ Change Addition NAME NAMI STREET ADDRESS STALL LADDINESS CITY-ST-ZIP CHY-SI-7(P THLE OTO Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is the appropriate that I am an officer or director of the corporation or the recovery or trustoo or the exemption of the corporation or the recovery of the corporation or the recovery of the corporation or the recovery of the corporation of the corporation of the recovery of the recove