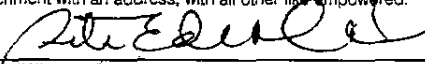


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000020277			
1. Entity Name INTERIORS FINE ART, INC.			
Principal Place of Business 19213 SABAL LAKE DRIVE BOCA RATON, FL 33434	Mailing Address 19213 SABAL LAKE DRIVE BOCA RATON, FL 33434		
DO NOT WRITE IN THIS SPACE			
		07082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 01-0615363	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEMIER, RITA 19213 SABAL LAKE DRIVE BOCA RATON, FL 33434		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIND, TODD 6735 SW 195TH AVE PEMBROKE PINES, FL 33332		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMIER, RITA 19213 SABAL LAKE DRIVE BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, ANDRES 19213 SABAL LAKE DRIVE BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  RITA DEMIER		06/29/04 561-4875507	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	