


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90268 017 \*\*\*150.00

<b>DOCUMENT # P02000042925</b>					
<b>1. Entity Name</b> DALI ARTE Y PINTURA, INC.					
<b>Principal Place of Business</b> 12730 SW 20 STREET MIAMI, FL 33178 US			<b>Mailing Address</b> 7105 SW 8 STREET MIAMI, FL 33144		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 7105 SW 8 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 306			
City & State		City & State MIAMI, FL			
Zip	Country	Zip 33144	Country	04262006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 03-0436569				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				400000100	
<b>6. Name and Address of Current Registered Agent</b>  LEON, BEATRIZ 12730 SW 20 STREET MIAMI, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8.</b> 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.					
<b>SIGNATURE:</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		400000100	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> LEON, BEATRIZ		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12730 SW 20 STREET	<b>CITY - ST - ZIP</b> MIAMI, FL 33178		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> SD	<b>NAME</b> PRIETO, ALVARO		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12730 SW 20 STREET	<b>CITY - ST - ZIP</b> MIAMI, FL 33178		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME:	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12.</b> 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.					
<b>SIGNATURE: BEATRIZ LEON</b>			<b>04-20-06</b>		<b>305 2263443</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #