## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P02000043168 1. Entity Name 04-08-2005 90038 029 \*\*\*158.75 AMBIENTART, INC. Principal Place of Business Mailing Address 1636 ARTHUR ST HOLLYWOOD FL 33020 1636 ARTHUR ST HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1636 ARTHUR 1636 ARTHUR Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3655739 HOLLY WOOD <u>locu</u> prof Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA ०४०६€ 33020 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROZADOS, RUBEN HORACIO Street Address (P.O. Box Number is Not Acceptable) 1636 ARTHUR ST HOLLYWOOD FL 33020 City Zip Code 8. The above named entity submits this statement or 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 register SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ■ Addition ROZADOS, RUBEN HORACIO NAME NAME STREET ADDRESS 1636 ARTHUR ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **OTERO DE ROZADOS, GRACIELA V** NAME STREET ADDRESS 1636 ARTHUR ST STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 33070 CITY-ST-ZIP TITLE Delete ☐ Addition NAME MEZZARAPA, FERNANDO NAME STREET ADDRESS STREET ADDRESS 2216 NE 11TH STREET CITY-ST-ZIP MIAMI FL 33009 CITY-ST-ZIP TITLE Detete TIT# F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HILE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

Davime Phone #