

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90038 029 ***158.75

DOCUMENT # P02000043168	
1. Entity Name AMBIENTART, INC.	

Principal Place of Business 1636 ARTHUR ST HOLLYWOOD FL 33020	Mailing Address 1636 ARTHUR ST HOLLYWOOD FL 33020
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2. Principal Place of Business 1636 ARTHUR ST	3. Mailing Address 1636 ARTHUR ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

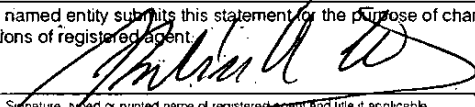
City & State HOLLYWOOD FL.	City & State HOLLYWOOD FL.
Zip 33020	Zip 33020
Country U.S.A.	Country U.S.A.

4. FEI Number 04-3655739	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROZADOS, RUBEN HORACIO 1636 ARTHUR ST HOLLYWOOD FL 33020	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL - Zip Code	

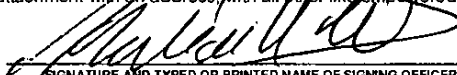
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZADOS, RUBEN HORACIO 1636 ARTHUR ST HOLLYWOOD FL 33020 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO DE ROZADOS, GRACIELA V 1636 ARTHUR ST TAVERNIER FL 33070 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEZZARAPA, FERNANDO 2216 NE 11TH STREET MIAMI FL 33009 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.	
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SIGNATURE: 	DATE	Daytime Phone #
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