2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90025 020 ***150.00

DOCUMENT # P02000063043

1. Entity Name
OBJECTS D' ART & ANTIQUES CORPORATION

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD., STE. 807 MIAMI FL 33181	11900 BISCAYNE BLVD., STE. 807 MIAMI FL 33181

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
		3MN ROBERTSON BLVD	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
		#258	
City & State		City & State	
		BEVERLY HILLS, CA	
Zip	Country	Zip	Country
		90211	U.S.A

4. FEI Number 01-0686844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLEN
11900 BISCAYNE BLVD., STE. 807
MIAMI FL 33181

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004, 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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	NAHMIAS, DIEGO	
STREET ADDRESS	11900 BISCAYNE BLVD., STE. 807	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VS	☐ Delete
NAME	NAHMIAS, MIRIAM	
STREET ADDRESS	11900 BISCAYNE BLVD., STE. 807	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: ______________________ 1/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NAHMIAS DIEGO A.
PRESIDENT -