2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmen

SIGNATURE:

Mar 24, 2005 08:00 AM **Secretary of State DOCUMENT # P02000074309** 1. Entity Name ABC ART COMPANY Principal Place of Business ___ Mailing Address 1234 S. DIXIE HWY., #258 1234 S. DIXIE HWY., #258 MIAMI, FL 33146 MIAMI, FL 33146 No Cha-P CR2E034 (10/03) 03222005 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 90-0050570 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MADRAZO, J. DO NOT WRITE 1234 S. DIXIE HWY., #258 MIAMI, FL 33146 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE MADRAZO, JOSE A 10200 NW 25 ST STE 207 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 .000000275107 TITLE Ū3/24/ŪŠ-80038-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #