2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
11 MAR 25 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074309

1. Entity Name
ABC ART COMPANY

04212008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2600 SW 11TH STREET MIAMI, FL 33135~~ 5714 SW 62 Street Miami Fl 33143	~~2600 SW 11TH STREET MIAMI, FL 33135~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5714 SW 62 St	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: MIAMI FLA	City & State
Zip: 33143 Country: USA	Zip Country

4. FEI Number: 90-0050570 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MADRAZO, JOSE
~~2600 SW 11TH STREET~~ 5714 SW 62 St
~~MIAMI, FL 33135~~ Miami Fl 33143

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] 3/25/11
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, 2011 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MADRAZO, JOSE A	NAME	900199354379
STREET ADDRESS	~~2600 SW 11TH STREET~~ 5714 SW 62 St	STREET ADDRESS	03/25/11--01037--002 **150.00
CITY-ST-ZIP	~~MIAMI, FL 33135~~ Miami, Fl 33143	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ 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 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.

SIGNATURE: J.A. MADRAZO [signature] 4/15/10 305 401-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/28