2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # P02000090956 1. Entity Name ART TRADING GROUP, INC					03-31-2005 90055 005 ***158.75			
Principal Place	- of Divisional	Mailine Address					50032	2000
1545 WASHIN		Mailing Address 1545 WASHINGTON AVE					0000%	5035
MIAMI BEACH		MIAMI BEACH, FL 33139	9					
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122005	Chg-P	CR2E	034 (10/03)	:
City & State		City & State			FEI Number Applied For 54-2068317 Not Applicable			
Zip	Country	Zíp	Country	5. Certificate	of Status Desired	N N	\$8.75 Addi	itional
	6. Name and Address of Curren	nt Registered Agent		7. Name and	Address of New	Registered		
FORTIA C	2524441	· · · · · · · · · · · · · · · · · · ·	Name		,			*****
ESPITIA, GERMAN 4441 MAGNOLIA RIDGE DR		The second of the second	Street Addre	ess (P.O. Box Numb	er is Not Accepta	ble)		
WESTON,								PHIL
							7:-0-1	
			City			F		
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	egistered office or reg	istered agent, or bo	th, in the State of	Florida. I an	n familiar with, a	and accept
'SIGNATURE_ 	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE		•
FIL. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contril	n Financing bution.	\$5.00 May Be Added to Fees	CHANGES TO C		ID DIRECTORS	3 IN 11
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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 suppliemental 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 preciver or trustee empowered to execute his 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.

STREET ADDRESS City-St-Zip

SIGNATURE:

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2005

Daytime Phone #