## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2007 08:00 AM Secretary of State

DOCUMENT # P02000110755  1. Entity Name GALLERY ART II, INC.				Secretary of Stat		
	ce of Business AYNE BLVD. #C2 FL 33180	Mailing Address 20633 BISCAYNE BLVD, #C2 AVENTURA, FL 33180				
E	OO NOT WRIT	CE	07122007 4. FEI Numb 65-066	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required	
20633 BIS AVENTUR	6. Name and Address of Curre KENNETH B SCAYNE BLVD. RA, FL 33180	DO NOT WRITE IN THIS SPACE				
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.      UDDDD0758953      O7/16/07-80008-007 150.00  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  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	In accordance w corporation did a	vith s. 607.193(2)(b), F.S., the not receive the prior notice.
10.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AF D HENDEL, KENNETH B 20633 BISCAYNE BLVD. #C2 AVENTURA, FL 33180	ID DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W THIS SP	<b></b>
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			·			
STREET ADDRESS CITY-ST-ZIP  12. I hereby of indicated of the conchanged,	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres:	with this filing does not qualify for the exe t is true and accurate and that my signat apowered to execute this report as requires, with all other like emogwered.	mptions contained ure shall have the s ed by Chapter 607	in Chapter 115 ame legal effec Florida Statute	), Fiorida Statutes, I f It as If made under on is; and that my name	urther certify that the information ath, that I am an officer or director appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/12/07 305-932-6166						