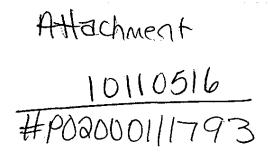
## 2003 FOR PROFIT CORPORATION

UN	003 FOR PROFIT (IFORM BUSINESS	REPORT	ATION (UBR)	_	FILI Jul 25, 2003 Secretary	3 8:00		
1. Entity Nam	MENT # P020001  ARTS, INC.	11793			07-25-2003 90097			
Principal Place of Business 3916 W. VIEW AVE.  W. PALM BCH FL 33407  Mailing Address 3916 W. VIEW AVE.  W. PALM BCH FL 33407		6 W. VIEW AVE.						
2. Principal P 19 WE Suite, Apt.	ST PLAKAR BARREST IS	ailing Address  WEST FLAGE ite, Apt. #, etc.	er stree	<b>7</b>	CHECK HERE IF MAKIN		<b>                                    </b>	
City & Stat	ůl-FL ů	119M1-A	<u></u>		FEI Number 56 - QQ 98588	<del></del>	oplied For ot Applicable	]
331	30 Country 3 6. Name and Address of Current Register	3430	USA		Certificate of Status Desired  Name and Address of New Registere	~\$8:75 Add Fee Require		ŀ
	o. Name and Address of Current Registe	IEU AGEIIL	Name	<del></del>	Name and Address of New Registere	a Agent		1
PETERS, KENNETH E 3916 W. VIEW AVE.			Street Addres	ss (P.O. I	Box Number is Not Acceptable)			
W. PALM	BCH FL 33407						•	
	· ·		City		F			
the obligat	named entity submits this statement for the pullons of registered agent.	rpose of changing its re	gistered office or regi	stered aç	gent, or both, in the State of Florida. Tai		nd accept	
Signature .	Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE: R	egistered Agent signature req	uired when		<del></del>		
After Se	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750.00 c Payable to Florida Department of State			_	Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10.	OFFICERS AND DIRECT	ORS	11.	Al	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	Ì _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, KENNETH E 3916 W. VIEW AVE. W. PALM BCH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	(4/00)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VEIGA, JOSE A 3916 W. VIEW AVE. W. PALM BCH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Change	☐ Addition	16
TITLE NAME STREET ADDRESS C(TY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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 acculate 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 of the same appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.

**SIGNATURE:** 



July 23, 2003

Florida Department of State Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please be informed that the Law Office of Rawny Garay, P.A. has been retained by AVfinearts, Inc. There have been changes to the UBR as reflected in the enclosed fully executed report. Apparently the individual claiming to be an attorney, who received the annual report failed to inform my client of the filing requirements and further did not produce the UBR upon my client's request. We ask that you please waive the late fees since my client was misled by their accountant.

Enclosed please find a check in the amount of \$158.75 reflecting the renewal fee and the past renewal fee as well as an executed UBR. Should you have any questions please feel to contact the undersigned.

With nothing further at this time, I remain,

Sincerely,

LAW OFFICES OF RAWNY GARAY, P.A.

Rawny Garay, Esq.