

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-16-2004 90019 002 ***150.00
P02000118303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54068449



MOORE CR2E034 (4/04)

DOCUMENT # P02000118303 1. Entity Name ART STUDIO 34, INC.					
Principal Place of Business 27001 US HWY 19, STE 2034 LUTZ FL 33559			Mailing Address 3402 COUNTRY WOODS CT. LUTZ FL 33559		
2. Principal Place of Business 27001 U.S. HWY 19 N. Suite, Apt. #, etc. # 2034 City & State Clearwater - FL.		3. Mailing Address 3402 COUNTRY WOODS CT Suite, Apt. #, etc. LUTZ - FL - City & State 33559			
Zip 33761		Country U.S.A		4. FEI Number 03-0491047	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent REY, ESTER 3402 COUNTRY WOODS CT. LUTZ FL 33559				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 DATE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY, ESTER <input type="checkbox"/> Delete 3402 COUNTRY WOODS CT. LUTZ FL 33559		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			8/5/04 (727) 723-7554 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ART STUDIO 34

Prints - Custom Framing - Design

27001 U.S. Hwy. 19 N.
Suite 2034
Clearwater, FL 33761

727-723-7554

account # PO 2000118303

To Florida Department of State

This letter is to ask you to waive the
late fee because I never receive the
first letter. I think get lost in the
mail. I appreciate your help in this matter.

Thank you

Esther R

Art Studio 34

ESTER REVY

(owner)