


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90034 008 ***150.00

DOCUMENT # P03000018412	
1. Entity Name ART GALLERY & FINE DECORATIONS, INC.	

Principal Place of Business C/O NICOLE J. HUESMANN, P.A. 150 ALHAMBRA CIRCLE, STE 1150 CORAL GABLES, FL 33134	Mailing Address C/O NICOLE J. HUESMANN, P.A. 150 ALHAMBRA CIRCLE, STE 1150 CORAL GABLES, FL 33134
---	---

34UUB333



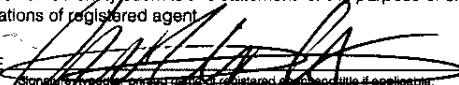
2. Principal Place of Business 201 Ansin Blvd.	3. Mailing Address 201 Ansin Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State Hallandale Beach, FL	City & State Hallandale Beach, FL	4. FEI Number 20-0566783	Applied For <input type="checkbox"/> Not Applicable
Zip 33009	Country USA	Zip 33009	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUESMANN, NICOLE J 150 ALHAMBRA CIRCLE, STE 1150 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Ernst von Sachsen-Coburg Street Address (P.O. Box Number is Not Acceptable) 201 Ansin Blvd. City Hallandale Beach FL Zip Code 33009	
---	--	---	--


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  **Ernst von Sachsen-Coburg** **01-21-04**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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  **Ernst von Sachsen-Coburg, Pres.** **305 331 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #