2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P03000024277 04-27-2006 90167 033 ***150.00 ART-SOUND MIAMI, INC. Principal Place of Business Mailing Address 13435 SW 128TH ST. #104 13435 SW T28TR ST: #104 MIAMI, FL 33186 MIAMILET 33186 2005 NW 102 AV #106 Ulami FL 33/72 2. Principal Place of Business Mailing Address 2025 NW 102 AV Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) Suite #106 City & State City & State 4. FEI Number Applied For FL. 56-2333132 cami Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33172 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACIAS, ARTURO Street Address (P.O. Box Number is Not Acceptable) 13435 SW 128TH ST. #104 MIAMI, FL 33186 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition MACIAS, ARTURO 13435 SW 128TH ST. #104 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TRE TITLE ☐ Delete Change ■ Addition BARAJAS, MARTINA NAME NALE STREET ADDRESS 6102 NW 114TH CT. #104 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP SEC TITLE C Defete RTE ☐ Change ☐ Addition SILVA, TOMAS A 13435 SW 128TH STREET # 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MIAMI, FL 330186 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered. unjas SIGNATURE: Daytme Phone # CER OR DIRECTOR

FILED