

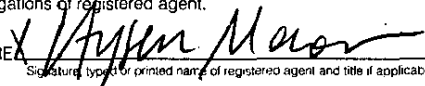
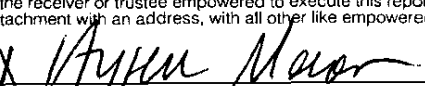


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90053 008 ***150.00

DOCUMENT # P03000024852 1. Entity Name AYSEN MACARIAN ART STUDIO, INC.					
Principal Place of Business C/O SPRING & ASSOCIATES 5300 NW 33RD AVE STE 220 FT LAUDERDALE, FL 33309			Mailing Address C/O SPRING & ASSOCIATES 5300 NW 33RD AVE STE 220 FT LAUDERDALE, FL 33309		
2. Principal Place of Business 4824 Chardonnay Dr. Suite, Apt. #, etc.		3. Mailing Address 4824 Chardonnay Dr. Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 56-2321851	
Zip 33067		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACARIAN, AYSEN C/O SPRING & ASSOCIATES 5300 NW 33RD AVE STE 220 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4824 Chardonnay Drive City Coral Springs FL Zip Code 33067	
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 \$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	DPVS MACARIAN, AYSEN 5300 NW 33RD AVE STE 220 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4824 Chardonnay Drive Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			1/18/04 (954) 346-9600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		