

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:25

DOCUMENT # P03000024852					SECRETARY OF STATE DIVISION OF CORPORATIONS		05 OCT 24 PM 1:25	
1. Entity Name AYSEN MACARIAN ART STUDIO, INC.								
Principal Place of Business 4824 CHARDONNAY DR. CORAL SPRINGS, FL 33067				Mailing Address 4824 CHARDONNAY DR. 5300 NW 33RD AVE STE 220 CORAL SPRINGS, FL 33067				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MACARIAN, AYSEN 4824 CHARDONNAY DRIVE CORAL SPRINGS, FL 33067				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				FL
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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>								
DATE _____								
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MACARIAN, AYSEN 4824 CHARDONNAY DRIVE POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACARIAN, AYSEN 4824 CHARDONNAY DRIVE POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete						
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								
Date: 10/18/05 Daytime Phone #:								

REINSTATEMENT 05

10202005 REIN-P CR2E098 (6/04)
Applied For Not Applicable
\$8.75 Additional Fee Required