2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000041111									LITTON OF	TILLU RY OF STATE CORPORATION	
1. Entity Name WORLD OF ART INC						糖			O4 MAY 16	PM 1:24	
	*					166	18 2		- 1001 10) Fr 1: 24	
Principal Place of Business 2692 S.W. 137 TH AVE				Mailing Address 2692 S.W. 137 TH AVE							
NA MIAMI, FL 33175				NA Miami, Fl. 33175							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4			nen nien
ę.				City & State				55052004 4. FEI Number	Chg-P	CR2E034 (10/03)	plied For
City & State								4. FEI NOITIDE		No	t Applicable
Zip	1	Country		Zip	Coun	try		L	of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
GONZALEZ, AVEL A PA 2692 S.W. 137 TH AVE				= = = = = = = = = = = = = = = = = = = =			Street Address (P.O. Box Number is Not Acceptable)				
NA MIAMI, FL 33175											
						City				FL Zip Cod	
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 renstating) DATE											
9. Election Campaign Financing \$5.00 May Red 00037045330											
		ptember 8, 2004		Trust Fund Con	tribution.		Add				
10.	pe.	OFFICERS /	AND DIREC	CTORS Delete	11.		· :-		CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11 Addition
TITLE NAME	GARCIA	DEL CURA, DANIE		Disiera	NAN	AE .	PSI	V		1	 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS MARQUES DE CUBAS 23 6 A CITY-ST-ZIP 28014 MADRID, ESPANA,						eet address (-st-zip					
TITLE NAME	VPT		A DEL MA	☐ Defete	TITL NAM		VP:	TD		Change	Addition
NAME RUBIO CONTRERAS, MARIA DE STREET ADDRESS MARQUES DE LOZOYA 36 CITY-ST-ZIP 28007 MADRID, ESPANA,			A DEL IVI	W.	STR	eet address (-st-zip			•		
TITLE	28007 M	ADRID, ESPANA,		☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS					NAA STR	me Eet address					
CITY-ST-ZIP	1			□ Delete	CIT	r-ST-ZIP				☐ Change	☐ Addition
TITLE NAME				☐ Detete	NAS	AE.				Griange	
STREET ADDRESS CITY-ST-ZIP	:					EET ADDRESS Y-ST-ZIP					
TITLE NAME				☐ Delete	TITE NAM		ļ			Change	Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP					
TITLE NAME				☐ Delete	TITI NAN					☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	İ				STR	EET ADDRESS Y-ST-ZIP				,	
12 i borobu	certify that the control on this report	ne information supplied ort or supplemental reg	d with this f	iling does not qualify for and accurate and that	or the exempts ignation	emption sta ature shall h	ted in Se nave the	ection 119.07(3)(i same legal effec), Florida Statutes, t as if made under	. I further certify that the oath; that I am an office	information r or director
indicated on this report or tupplemental 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 of powered 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: 05-05-04											
SIGNATURE AND TYPED OR PRITTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											