## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91054 016 \*\*\*150.00

| 1. Entity Nam                     | MENT # P0300<br>ARTS AND EQUIPMI   |   | · .  | . Ext                                    |  |                                     |  |   |   |                                  |
|-----------------------------------|--|---|--|--|--|-------------------------------------|--|---|---|----------------------------------|
|                                   |  | •   |  |  |  |                                     |  |   |   | ,                                |
| Principal Place                   | e of Business  | // N  | Mailing Address  |  |  | į                                   |  |   |   |                                  |
|                                   |  |   | 8203 NW 68TH STREET  | <del></del>                              |  |                                     |  | 2.400   | -00-  |                                  |
| MIAMI; FL 3                       | 3166   |   | MIAMI, FL 33166  |  |  |                                     | •  | 2406  | 5335  |                                  |
|                                   |  |   |  |  | -  | [<br>                               | 1 <b>30:30</b> 1981 <b>30</b> :3 <b>13</b> (1) <b>30</b> :             | <b>       </b>                                      | a nina sana an                              | 11 <b>33</b> 0 (1 1 <b>63</b> 0) |
| 2. Principal Pl<br>5560 I         | NW 114 AVE.  | 3.  | Mailing Address<br>5560 NW • 1   | 14 AV                                    | VE.  |                                     | 1 <b>2012 1</b> 1111 <b>20</b> 11 <b>20</b> 11 <b>20</b>               | 1 22 11 2 11 11 11 11 11 11 11 11 11 11             |   |                                  |
| Suite, Apt.                       | •  |   | Suite, Apt. #, etc.  |  |  | 04172004                            | Chg-P  | CR2E03  | 4 (10/03)                                   |                                  |
| # 3 (<br>City & State             |  |   | # 307 ·  |  |  | 4. FEI Numb                         |  |   | -T 100                                      | olind For                        |
| Only of State                     | *** DT   | ļ   |  | Tia                                      |  | 14-1                                | 884312   |   |   | plied For<br>at Applicable       |
| MIA!                              | Country  |   | Zip  | Country                                  |  | <del> </del>                        |  | <b>\$</b>   | 8.75 Add                                    |                                  |
| 3317                              | 8 EE   | .uu.  | 33178  | EE                                       | .UU.   | 5. Certificate                      | of Status Desired  |   | ee Require                                  |                                  |
|                                   | 6. Name and Address of   | Current Regi  | istered Agent  |  |  | 7. Name and                         | Address of New R   | egistered Aç  | ent   |                                  |
| RUMERU                            | EDUARDO  | •   |  | } '                                      | Name   |                                     |  |   |   |                                  |
| <del>0203 NW-6</del><br>MIAMI; FL | STHSTREET 5560   |   |  | 07                                       | Street Address (I  | P.O. Box Numb                       | er is Not Acceptable   | 3)  |   |                                  |
|                                   | MIAM   | 1, FL.  | 33178  | ļ  |  |                                     |  | *   |   |                                  |
|                                   |  |   |  |  | City   |                                     |  | FL  | Zip Codi                                    | e                                |
| The above                         | named entity submits this sta  | tement for the  | purpose of changing its  | registered                               | office or register   | ed agent or bo                      | th in the State of Eld   |   | miliar with                                 | and accept                       |
|                                   | ions of registered agent.  | MOTHER ROLL   | parpose or origing its   | registered                               | onice of register  | ed agent, or be                     | otal and the State Of the  | niga, ranna   | rimadi witir,                               | and accept                       |
| NONATURE.                         | 7 n x  |   |  |  |  |                                     |  |   |   |                                  |
| SIGNATURE_                        | Signature, typed or printed name of regi   | stered agent and lit  | le if applicable. (NOTE  | : Registered Aç                          | gent signature required                                      | when reinstating)                   |  | DATE  | <del></del>                                 | <del></del>                      |
| FIL<br>After Ma                   | E NOW!!! FEE IS \$150<br>ay 1, 2004 Fee will be  | 7.00.<br>\$550.00   | 9. Election Campaig  |  |  | .00 May Be<br>ed to Fees            |  |   |   | *                                |
| 10:                               | OFFICE   | ERS AND DIRE  | ECTORS   | 11.                                      |  | ADDITIONS                           | CHANGES TO OFF   | ICERS AND I   | DIBECTORS                                   | S IN 11                          |
| TITLE.                            | D  | 2107110 0111  | ☐ Delete   | TITLE                                    |  | 7,001,1040                          | 70.0.0.020   |   | ☐ Change                                    | Addition                         |
| VAME                              | ROMERO, EDUARDO  |   |  | NAME                                     | Í  |                                     |  | ,   | •-  |                                  |
| STREET ADDRESS                    | 8203 NW 88TH STREET  |   | NW.114 AVE   | 10                                       |  |                                     |  |   |   |                                  |
| CITY-ST-ZIP                       | MIAMI, FL-33166  | # 30  | 7,Miami,Fl   | CITY-ST                                  | - ZIP  |                                     |  |   |   |                                  |
| TITLE                             | }  |   | □ pelene - ' '   | TITLE                                    | ì  |                                     |  |   | ☐ Change                                    | ☐ Addition                       |
| NAME<br>STREET ADDRESS            |  |   |  | NAME<br>Street A                         | AUDDESS  |                                     |  |   |   |                                  |
| CITY-ST-ZIP                       |  |   |  | CITY-ST                                  |  |                                     | ,  |   |   |                                  |
| TITLE                             |  |   | □ Delete   | TITLE                                    |  |                                     |  |   | Change                                      | ☐ Addition                       |
| NAME                              |  |   | L) Donne   | NAME                                     | }  |                                     |  |   |   |                                  |
| STREET ADDRESS                    |  |   |  | STREET A                                 | ADDRESS  |                                     |  |   |   |                                  |
| CITY-ST-ZIP                       |  |   |  | CITY-ST                                  | - ZIP  |                                     |  |   |   |                                  |
| TITLE                             |  |   | ☐ Delete   | TITLE                                    | Į  |                                     |  |   | Change                                      | Addition                         |
| VAME                              |  |   |  | NAME                                     |  |                                     |  |   |   |                                  |
| STREET ADDRESS  <br>CITY-ST-ZIP   | •  |   |  | STREET A<br>CITY - ST                    | 1  |                                     | سستي سي  | <u> </u>  |   |                                  |
|                                   | }  |   |  |  | 211  | ·                                   |  | <del></del>   | Change                                      | □ Addition                       |
| TITLE<br>NAME                     |  |   | ☐ Delete   | TITLE                                    | }  |                                     |  |   | □ ruguye                                    | Addition                         |
| STREET ADDRESS                    |  |   |  | STREET A                                 | ADDRESS  |                                     |  |   |   |                                  |
| CITY-ST-ZIP                       |  |   |  | CITY-ST                                  | -ZIP   |                                     |  |   |   |                                  |
| ITLE                              | \  | - <del>-</del>  | ☐ Delete   | TITLE                                    |  |                                     |  | i   | Change                                      | Addition                         |
| NAME ·                            | 24.*   |   | •  | NAME                                     |  |                                     | •  |   |   |                                  |
| STREET ADDRESS<br>City-St-Zip     | ,  |   |  | STREET A                                 |  |                                     |  |   |   |                                  |
|                                   |  | Ž   | Marian and a second  |  |  | ntine 140 07(0)                     | (i) Florida Chat to -  | I further see"                                      | u that the :-                               | formation                        |
| indicated of the cor<br>changed   | certify that the information sup<br>I on this report or supplement<br>poration or the receiver or tru<br>, or on an attachment with an | opped with this<br>of report is true<br>stee empower<br>address. with | mileg does not quality for<br>and accurate and that med to execute this report a<br>all other like emnowered | tne exemp<br>ny signature<br>as required | otion stated in Se<br>e shall have the s<br>d by Chapter 607 | same legal effe<br>, Florida Statut | (i), Florida Statutes.<br>ot as if made under e<br>es; and that my nam | i iuriner certif<br>path; that I an<br>e appears in | y mai the in<br>n an officer<br>Block 10 or | or director<br>Block 11 if       |
| SIGNAT                            |  | 1   | 2  |  |  |                                     | 04/29/   | 0~  |   |                                  |
| ~ 1 ~ 1 4 7 7                     | ~· · · · · · · · · · · · · · · · · · ·   |   |  |  |  |                                     | <del></del>  |   |   |                                  |