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2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 91067 037 ***150.00
P03000093752

FILED
04 JUN 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000093752

1. Entity Name
~~YOUBE ART ZEE INC.~~
YOU BE ARTZEE, INC.

Principal Place of Business	Mailing Address
~~315 6TH STREET JUPITER, FL 33458~~	~~315 6TH STREET JUPITER, FL 33458~~

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1165 N. Old dixie		15790 91st Terr N.	
Suite, Apt. #, etc. 1B		Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33458	County PALM BEACH	Zip 33478	Country PB

4. FEI Number 30-0202026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEKLED, DEBORAH L 315 6TH STREET JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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] 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D MEKLED, DEBORAH L 315 6TH STREET JUPITER, FL 33458 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/28/04 561262-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #