2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 22, 2004 8:00 am Secretary of State

| DOCUMENT # P03000136798 1. Entity Name S & B ART, INC. | | | | | | | | 05-03-2004 | 91070 | 038 *** | 150.00 | |
|--|--|---------------------|----------------------|-------------------------------------|----------|-------------------------|--|---|--------------|------------------|---------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | ┥ | | | | • | |
| 13445 SW 98TH CT MIAMI, FL 33176 | | | | 13445 SW 98TH CT MIAMI, FL 33176 | | | | 6643397 | 5 | 1 IPUSA 18191 IN | P oč i a jemi | |
| 2. Principal P | lace of Busin | 3. Mailin | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite. | Suite, Apt. #, etc. | | | 04202004 | Chg-P | CR2E03 | 4 (10/03) | | |
| City & State | | | City & | City & State | | | 65- | 01851 | 7 | <u> </u> | plied For t Applicable | |
| 2iр | Country | | Zip | | | iry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and Address of New Registered Agent | | | | |
| ADIVI, DRORA 13445 SW 98TH CT | | | | | | | s (P.O.: Box Numic | (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI, FL 33176 | | | | | | | <u> </u> | | | | | |
| | | | | | | City | | FL Zip Code | | | 9 | |
| 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 reinstating) DATE | | | | | | | | | | | | |
| 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \(\) Added to Fees | | | | | | | | | | | | |
| 10. | 7 | OFFICERS | AND DIRECTOR | S | 11. | | ADDITIONS | CHANGES TO OFFIC | CERS AND | DIRECTORS | S IN 11 | |
| TITLE | PST | **** | | ☐ Delete | TiTLE | : | | | | Change | Addition | |
| NAME STREET ADDRESS | ADIVI, DRORA INA ST | | | | | E Et address | | | | | | |
| CITY-ST-ZiP | | | | | | -ST-ZIP | | | | | | |
| TITLE NAME | , | 7. | - | ☐ Celete | BTLE | | | | | ☐ Change | ☐ Addition | |
| STREET AODRESS City-St-Zip | | | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME | hi | / | | ☐ Deletts | TITLE | | | | | Change | Addition | |
| STREET ADORESS CITY-ST-ZIP | · | • | | | | ET ADDRESS -ŜT-ZIP | -, , <u>, , , , , , , , , , , , , , , , , </u> | - | | | | |
| _TITLE | | | | Delete | | | | | | Change | - Addition - | |
| NAME STREET ADORESS | | | | | NAME | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
| TITLE | : | | | ☐ Delete | TITLE | | | - | | ☐ Change | Addition | |
| NAME Street Address | | | | | . NAM | E Et address | | | | | | |
| CHY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition | |
| NAME STREET ADDRESS | , | | • | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADORESS - ST- ZIP | | | | | | |
| 12. I hereby o | ertify that the | information supplie | d with this filing d | oes not qualify for | the exer | mption stated in S | Section 119.07(3) | (i), Florida Statutes. I | urther certi | y that the in | formation | |
| 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 if am an officer or director of the corporation or the receiver of trustee empowered to a secure 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. | | | | | | | | | | | |
| SIGNAT | IIRF- A | | 1 \ | 入「 | | | _ | 1.20 | \. | | <u> </u> | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

May 14, 2004

S & B ART, INC. 13445 SW 98TH CT MIAMI, FL 33176

Subject: S & B ART, INC.

Reference Number:

P03000136798

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION