2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000137045

Entity Name: ART ROUGE, INC.

FILED Jul 08, 2005 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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1111 BRICKELL DAY DR #3002 3275 PONCE DE LEON BLVD.

SOUTH UNIT MIAMI, FL 33131

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

1111 BRICKELL DAY DR #3002 3275 PONCE DE LEON BLVD. MIAMI, FL 33131

SOUTH UNIT

CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

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.

SIGNATURE: MARK SCHIFF

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GONZALEZ, ELIZABETH KVACHNINA, GALINA Name: Name: 1111 BRICKELL DAY DR #3002 Address: 3275 PONCE DE LEON BLVD. Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Delete Title: () Change (X) Addition TOPETE VARGAS, PEDRO Name: Name: Address: Address: 1111 BRICKELL BAY DR., #2902

MIAMI, FL 33131 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALINA KVACHNINA. 07/08/2005 D