

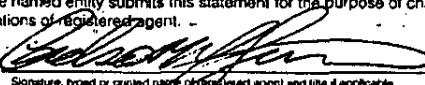
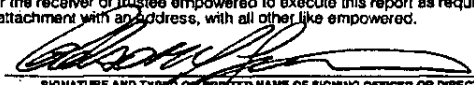
2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90010-016-\$150.00-\$150.00

FILED

04 OCT 11 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000139154			
1. Entity Name MASONRY ART NC, INC.			
Principal Place of Business 417 28TH AVENUE SOUTH ST. PETERSBURG, FL 33705		Mailing Address 417 28TH AVENUE SOUTH ST. PETERSBURG, FL 33705	
2. Principal Place of Business 6465 142ND AVENUE NORTH		3. Mailing Address 6465 142ND AVENUE NORTH	
Suite, Apt. #, etc. APT # E201		Suite, Apt. #, etc. APT # E201	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33760	Country USA	Zip 33760	Country USA
6. Name and Address of Current Registered Agent GUIMARAES, CELSO 417 28TH AVENUE SOUTH ST. PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 6465 142ND AVENUE NORTH APT # E201 City CLEARWATER FL Zip Code 33760	
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: 		DATE: Sept 8th 2004	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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	PD GUIMARAES, CELSO 417 28TH AVENUE SOUTH ST. PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6465 142ND AVENUE NORTH #E201 CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: 		DATE: Sept 8th 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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