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	Mailing Address
417 28TH AVENUE SOUTH ST. PETERSBYRG, FL 33705	417 28TH AVENUE SOUTH ST. PETERSBYRG, FL 33705

09092004 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business	3. Mailing Address
6465 142ND AVENUE NORTH	6465 142ND AVENUE NORTH
Suite, Apt. #, etc. APT # E201	Suite, Apt. #, etc. APT # E 201
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33760 Country USA	Zip 33760 Country USA

4. FEI Number 20-0436264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIMARAES, CELSO
417 28TH AVENUE SOUTH
ST. PETERSBYRG, 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 [signature] Sept 8th 2004
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GUIMARAES, CELSO	NAME	
STREET ADDRESS	417 28TH AVENUE SOUTH	STREET ADDRESS	6465 142ND AVENUE NORTH #E201
CITY-ST-ZIP	ST. PETERSBYRG, FL 33705	CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] Sept 8th, 2004.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #