

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90444 006 \*\*\*150.00

<b>DOCUMENT # P03000142317</b>					
<b>1. Entity Name</b> HOUSE OF ARTS, INC.					
<b>Principal Place of Business</b> 5627 INTERNATIONAL DRIVE ORLANDO, FL 32819 US			<b>Mailing Address</b> 8000 INTERNATIONAL DRIVE ORLANDO, FL 32819 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0572132	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HADDAD, IGAL M 8000 INTERNATIONAL DRIVE ORLANDO, FL, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> COHEN, GILBERT 3051 BIRD LANE WINDERMERE, FL 34786		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> HADDAD, IGAL M 9101 KILGORE ROAD ORLANDO, FL 32836		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-04      407-226-3798 <small>Date Daytime Phone #</small>		

66423417



04302004 Chg-P CR2E034 (10/03)

**4. FEI Number**  
20-0572132

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

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HADDAD, IGAL M  
8000 INTERNATIONAL DRIVE  
ORLANDO, FL, FL 32819

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Street Address (P.O. Box Number is Not Acceptable)  
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