## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P03000147122 05-03-2005 90071 043 \*\*\*158.75 1. Entity Name CENTRO DE ARTES GRAFICAS & MYSTICAS INC. Principal Place of Business Mailing Address 1920 SW 8 STREET MIAMI FL 33130 1920 SW 8 STREET MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 20-0565277 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARANGO, MARIO 1920 SW 8 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** City Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS.\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check, Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Addition ARANGO, MARIO NAME NAME STREET ADDRESS 1920 SW 8 STREET STREET ADDRESS CITY-ST-21P MIAMI FL 33130 CITY-ST-ZIP HILE V/D ☐ Delete TITLE ☐ Change Addition NAME ARANGO, RITA NAME STREET ADDRESS 1920 SW 8 STREET STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-71P Sec. HILE Del ste TITLE ☐ Change Addition IAIME CAVANZO NAME NAME 3401 N. COUNTRY CLUB DR # 314 STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-SI-7P AUCNTURA FL NTLE Delete ☐ Change — ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HTLE ☐ Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. Thereby 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 supplementa/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 of trystee 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 on address, with all other like empowered. 305-446-0089 SIGNATURE: \_

FILED

Jun 07, 2005 8:00 am