


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P03000147122 1. Entity Name CENTRO DE ARTES GRAFICAS & MYSTICAS INC.		
Principal Place of Business 1920 SW 8 STREET MIAMI FL 33130		Mailing Address 1920 SW 8 STREET MIAMI FL 33130
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 20-0565277
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent ARANGO, MARIO 1920 SW 8 STREET MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ARANGO, MARIO <input type="checkbox"/> Delete 1920 SW 8 STREET MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D ARANGO, RITA <input type="checkbox"/> Delete 1920 SW 8 STREET MIAMI FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAVANZO, JAIME <input type="checkbox"/> Delete 3401 N COUNTRY CLUB DR, #314 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000747054 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/17/07-80011-020 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mario Arango* **MARIO ARANGO** 04-25-07 305 646-0089