

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90052 009 \*\*\*150.00

40018042



01282005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000018997</b> 1. Entity Name <b>ART DESIGN PRODUCTIONS, INC.</b>			
Principal Place of Business <b>1139 FAIRLAKE TRACE SUITE # 1907 WESTON, FL 33326 US</b>		Mailing Address <b>1139 FAIRLAKE TRACE SUITE #1907 WESTON, FL 33326 US</b>	
2. Principal Place of Business <b>1139 Fairlake Trace</b>		3. Mailing Address <b>1139 Fairlake Trace</b>	
Suite, Apt. #, etc. <b>#1907</b>		Suite, Apt. #, etc. <b>#1907</b>	
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>	
Zip <b>33326</b>		Zip <b>33326</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0675564</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARVAJAL, EDUARDO 1139 FAIRLAKE TRACE SUITE #1907 WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name <b>Alejandra Parra</b> Street Address (P.O. Box Number is Not Acceptable) <b>1139 Fairlake Trace #1907</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</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.			
SIGNATURE		DATE <b>1/31/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARRA, ALEJANDRA</b> <b>1139 FAIRLAKE TRACE SUITE # 1907</b> <b>WESTON, FL 33326</b> <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	<b>S</b> <b>CARVAJAL, EDUARDO</b> <b>1139 FAIRLAKE TRACE SUITE #1907</b> <b>WESTON, FL 33326</b> <input checked="" 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
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
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 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 <b>1/31/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>9547329196</b>	