
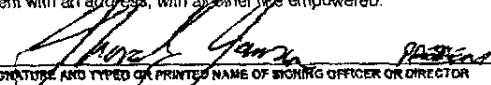


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000021812</b>		
1. Entity Name <b>THE ART EMPORIO CORPORATION</b>		
Principal Place of Business <b>12235 SW 143RD LANE MIAMI, FL 33186</b>	Mailing Address <b>12235 SW 143RD LANE MIAMI, FL 33186</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JANSEN, THORAL 12235 SW 143RD LN MIAMI, FL 33186</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANSEN, THORAL 12235 SW 143RD LN MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANSEN, KARLA 12235 SW 143RD LN MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 filers empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<b>3/27/06</b> <small>Date</small>  <small>Daytime Phone #</small>



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**42-1622427**

Applied For
Not Applicable

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

110000485187  
04/12/06 100074-006 150.00

**DO NOT WRITE  
IN THIS SPACE**