

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000054539	
1. Entity Name	
Oscar Correa Art & Design Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19111 Collins Avenue, Apt No.2904 Suite, Apt. #, etc.		3. Mailing Address 9963A Boca Gardens Trail Suite, Apt. #, etc.	
City & State Sunny Isles, FLORIDA		City & State Boca Raton	
Zip 33160-7305	Country USA	Zip 33496	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2440929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Correa, Oscar		
	Street Address (P.O. Box Number is Not Acceptable) 9963A Boca Gardens Trail		
	City Boca Raton	FL	Zip Code 33496

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 Oscar Correa **Oscar Correa** **3/24/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Oscar Correa 9963A Boca Gardens Trail Boca Raton, Florida 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000364324 05/06/05-80087-017 150.00
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar Correa **Oscar Correa** **3/24/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #