

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 023 \*\*\*150.00

50057528



07202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000093581			
1. Entity Name THE ART OF FRAMING GALLERY CORP.			
Principal Place of Business 18628 SW 100 AVE MIAMI, FL 33157		Mailing Address 18628 SW 100 AVE MIAMI, FL 33157	
2. Principal Place of Business 18494 S. Dixie Hwy		3. Mailing Address 18494 S. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33157		Zip 33157	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-1264516		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA CRUZ, AMBIBORIX 18628 SW 100 AVE MIAMI, FL 33157		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, PEDRO E	NAME	
STREET ADDRESS	1221 SW 122 AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33184	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, AMBIBORIX	NAME	
STREET ADDRESS	18628 SW 100 AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33157	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>De la Cruz</i>		Date: 7-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-232-6400	

ATTACHMENT

50057528

DIVISION OF CORPORATIONS  
ANNUAL REPORT OR REINSTATEMENT  
~~THE ART OF FRAMING GALLERY CORP.~~  
DOCUMENT P04000093581

July 20, 2005


To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00

I feel sorry for any inconvenience.

If you have any question does not hesitate to contact me at (305) 232-6400

Sincerely,

↓   
DE LA CRUZ, AMBIORIX  
VICE PRESIDENT