2005 FOR PROFIT CORPORATION

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

| ANNUAL KEPUKI | | | | | Secretary or State | | | | |
|--|---|----------------------------------|-------------------------------|--|---|-------------------|---------------|--------------------------|--|
| 1. Entity Nam | MENT # P0400093 OF FRAMING GALLERY C | | 07-25-2005 9 | 0102 023 | ***150 | 0.00 | | | |
| 1112700 | Of Frommittee of the Ect. (10 | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | . • ! | SAAR | MEA. | |
| 18628 SW 100 AVE | | 18628 SW 100 AVE | | | | , | vv u J | 7528 | |
| MIAM), FL 33157 | | MIAMI, FL 33157 | | | | | | _ | |
| | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | esin siyu ssin seni s x in i | BEND IERUS NIET B | | SEL II IE 21 | |
| Principal Place of Business | | | | | | | | | |
| 18494 S. Divie HWY | | 18494 S. Divie Hwy | | , - 19 11 | THE RESIDENCE OF THE PRICE | | | 1001 U 1601 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 07202005 | Chg-P | CR2E034 | (10/03) | | |
| City & State Miami, F2 | | City & State Diami, Fr | | 4. FEI Numb | 12645 | 16 | | plied For LApplicable | |
| 3315° | Country U.S.A. | ^{Zig} 33/57 | Country . A. | | of Status Desired | □ \$8 | .75 Add | itional | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| , . N | | | | | | | | | |
| DE LA CRUZ, AMBIORIX | | | Street Aria | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 18628 SW 100 AVE MIAMI, FL 33157 | | | | Glibbl Address (F.O. Dox Hamber is Not Added by | | | | | |
| 1117 1111, 1 2 | 30101 | | | | | | | | |
| | | | City | | FL Zip Code | | | | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its re- | gistered office or r | registered agent, or bo | th, in the State of Flor | ida. I am lam | iliar with, | and accept | |
| SIGNATURE. | | | | | | | | | |
| , SIGNATORES | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: R | egistered Agent signature | e required when reinstating) | • | DATE | | | |
| 9. Election Comparing Fig. | | | Financian | 65 00 ·· - | | | 2010 | FO 45. | |
| FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 | | | | \$5.00 May Be Added to Fees | | | | | |
| | | | | | 1011441050 70 0551 | OFFIC AND D | DECTOR | 24144 | |
| 10. | OFFICERS AND | DIRECTORS Delete | 11. | ADDITIONS | /CHANGES TO OFFIC | - | Change | Addition | |
| NAME | SANCHEZ, PEDRO E | LI Delete | NAME | | | L | _ onenge | | |
| STREET ADDRESS | 1221 SW 122 AVE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33184 | | CITY-ST-ZIP | | | | | | |
| TITLE | VP | ☐ Delete | TITLE | | | C | Change | Addition | |
| NAME | DE LA CRUZ, AMBIORIX | | NAME | | | | | | |
| STREET ADDRESS | 18628 SW 100 AVE | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | MIAMI, FL 33157 | □ N.I. | | | | | Change | ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | _ Grange | ☐ Xocition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-SI-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE , | | ☐ Detete | TITLE | | | Ε | Change | Addition | |
| NAME | | | NAME | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | CITY-S1-ZIP | | | | 7 Channa | - Addition | |
| TITLE | | ☐ Delete | TITLE NAME | | | L | _ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | |
| CITY-\$1-ZIP | | | CITY-ST-ZIP | | | | | | |
| TeT I C | | □ Delote | TITLE | • | | Г | Change | ☐ Addition | |

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05 1 305-2326400

ATTACHMENT

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