



**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 012 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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DOCUMENT # P04000099593					
1. Entity Name SALVATORE'S ART STUDIO, INC.					
Principal Place of Business 327 N.E. 110TH ST. MIAMI, FL 33161			Mailing Address 327 N.E. 110TH ST. MIAMI, FL 33161		
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1320670	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LA ROSA, SALVATORE 327 N.E. 110TH ST. MIAMI, FL 33161				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				FL	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 releasing)</small>					
<b>FILE NOW!!! FEE IS \$150.00          Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA ROSA, SALVATORE		NAME		
STREET ADDRESS	327 N.E. 110TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		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		
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)(0), 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: 			JUNE 23, 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66024827



06232005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1320670 Applied For Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**M. TACHIBANA, C.P.A., P.A. ATTACHMENT**

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS / FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

66024807

July 13, 2005

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302

**RE: SALVATORE'S ART STUDIO, INC.**  
**P04000099593**  
**Annual Report 2005**

Dear Sir/Madam

My client, Salvatore's Art Studio, Inc., did not receive the renewal notice from the State. As this is the company's first year of filing, they were not aware of this requirement until we brought it to their attention.

Upon our notification, they submitted their 2005 Annual Report filing by printing the form on-line and checking the "did not receive notice" option. They also paid the \$150 filing fee requirement, which you have already received.

We would greatly appreciate if you would kindly waive the penalty and process our client's annual report as duly filed.

Thank you very much for your kind assistance and cooperation.

Very Truly Your,



M. Tachibana, C.P.A

enc.