

FILED
Jul 20, 2005 8:00 am
Secretary of State

50056253

DOCUMENT # P04000128434

1. Entity Name
ART OF INTENTION, INC.



07-20-2005 90025 047 ***150.00

Principal Place of Business
8939 ABBOTT AVE.
SURFSIDE, FL 33154

Mailing Address
8939 ABBOTT AVE.
SURFSIDE, FL 33154

50056253



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-1615997

Applied For
Not Applicable

5. Certificate of Status Desired

87.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOMEZ, WANDA G
8939 ABBOTT AVE.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent
Name
SOMMER GOMEZ, WANDA
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
WANDA SOMMER GOMEZ - PRES
DATE
07/18/05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
GOMEZ, WANDA S
8939 ABBOTT AVE.
SURFSIDE, FL 33154

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SOMMER GOMEZ, WANDA

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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
WANDA SOMMER GOMEZ - PRES
DATE
07/18/05