

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 050 ***150.00

DOCUMENT # P04000152128

1. Entity Name
STANDARD ARTS INC.



Principal Place of Business

**7407 SW 52 CT
MIAMI, FL 33143**

Mailing Address

**4775 COLLINS AVENUE
3106
MIAMI BEACH, FL 33140**

Please change

2. Principal Place of Business - No P.O. Box #
4775 Collins Ave.

3. Mailing Address

Suite, Apt. #, etc.

3106

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33140

Country

USA

Zip

Country

08292007

Chg-P

CR2E034 (12/06)

4. FEI Number
86-1120296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUGA, FRANCISCA E
4775 COLLINS AVENUE
3106
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE **PTD** ☐ Delete
NAME **PUGA, CARLOS**
STREET ADDRESS **4775 COLLINS AVENUE #3106**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VSD** ☐ Delete
NAME **PUGA, FRANCISCA E**
STREET ADDRESS **4775 COLLINS AVENUE #3106**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Francisca E. Puga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-07

Date

(786) 5259908

Daytime Phone #