2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 08:00 AM Secretary of State

	MONE IVEL OIK!	
DOCUMENT # P05 1. Entity Name ART & FUTURE CORPORA		
Principal Place of Business	Mailing Address	
3161 SW 21 ST Unit 3 Miami, FL 33145	3161 SW 21 ST Unit 3 Miami, Fl. 33145	



DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GARCIA, ROGELIO 3161 SW 21 ST UNIT 3 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.		_ ++.+			
10.	OFFICERS AND DIREC	TORS		· 公司的有关的人名英格兰英格兰英格兰	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ROGELIO 14175 SW 87 ST. C- 101 MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, ODALYS I 14175 SW 87 ST. C-101 MIAMI, FL 33183			000000828837 02/26/08-80019-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 cath; 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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR