


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90357 040 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P05000032400</b>  |   |   |   |   |  |
| <b>1. Entity Name</b><br>TOMAS ARTIST'S INC.  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>2217 46TH STREET SW<br>NAPLES, FL 34116 US  |   |   | <b>Mailing Address</b><br>2217 46TH STREET SW<br>NAPLES, FL 34116 US              |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b><br>PO Box 182   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b>   |   | City & State<br>Estero FL   |   | <b>4. FEI Number</b><br>20-2431957   |  |
| <b>Zip</b>  |   | <b>Country</b>  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                     |  |
| Zip<br>33928  |   | Country<br>Lee  |   | 04212008 Chg-P CR2E034 (12/06)   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>                                |  |  |
| CHAVEZ, TOMAS J<br>2217 46TH STREET SW<br>NAPLES, FL 34116  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| <b>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.</b>  |   |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                      |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | P CHAVEZ, TOMAS J <input type="checkbox"/> Delete<br>2217 46TH ST. SW<br>NAPLES, FL 34116                       |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>VP Fernando Torres<br>9336 Lagoon Rd<br>Ft Myers Beach, FL 33931      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | VP USCAGA, HUMBERTO G <input checked="" type="checkbox"/> Delete<br>6342 ST. ANDREW CR.<br>FORT MYERS, FL 33919 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>S Feliza Chavez<br>2217 46th Street SW<br>Naples, FL 34116 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | S MENDEZ, JOEL M <input checked="" type="checkbox"/> Delete<br>5389 22ND AVE SW<br>NAPLES, FL 34116             |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| <b>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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Tomas Chavez</u>   |   |   | 4-22-08 239-405-4938  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone #  |  |  |