


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90357 040 ***150.00

DOCUMENT # P05000032400

1. Entity Name
TOMAS ARTIST'S INC.



Principal Place of Business Mailing Address
 2217 46TH STREET SW 2217 46TH STREET SW
 NAPLES, FL 34116 US NAPLES, FL 34116 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **PO Box 182**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Estero FL

Zip Country Zip Country
 33928 FL



04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-2431957 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAVEZ, TOMAS J 2217 46TH STREET SW NAPLES, FL 34116		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAVEZ, TOMAS J			NAME			
STREET ADDRESS	2217 46TH ST. SW			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	USCAGA, HUMBERTO G			NAME	Fernando Torres		
STREET ADDRESS	6342 ST. ANDREW CR.			STREET ADDRESS	9336 Lagoon Rd		
CITY-ST-ZIP	FORT MYERS, FL 33919			CITY-ST-ZIP	FT Myers Beach, FL 33931		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MENDEZ, JOEL M			NAME	Feliza Chavez		
STREET ADDRESS	5389 22ND AVE SW			STREET ADDRESS	2217 46th Street SW		
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP	Naples, FL 34116		
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 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: Tomás Chavez Date: 4-22-08 Daytime Phone #: 239-405-4938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #