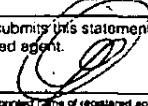
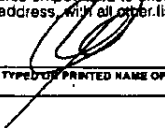


FILED
Apr 24, 2006 8:00 am
Secretary of State

3/2

03-23-2006 90019 014 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000039939			
1. Entity Name ART FASHION, INC.			
Principal Place of Business 745 SW 35TH AVENUE SUITE 204 MIAMI, FL 33135		Mailing Address 745 SW 35TH AVENUE SUITE 204 MIAMI, FL 33135	
2. Principal Place of Business 777 NW 72 AVENUE		3. Mailing Address 777 NW 72 AVENUE	
Suite, Apt. #, etc. 2PL2		Suite, Apt. #, etc. 2PL2	
City & State MIAMI - FL		City & State MIAMI - FL	
Zip 33126	Country	Zip 33126	Country
4. FEI Number 20-2570106		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN HEMELRIJCK, JACQUELINE 745 SW 35TH AVENUE SUITE 204 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name VAN HEMELRIJCK, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 777 NW 72 AVENUE # 2PL2 City MIAMI FL Zip Code 33126	
8. I, the above named entity submit 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 03/20/2006			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN HEMELRIJCK, JACQUELINE 745 SW 35TH AVENUE, SUITE 204 MIAMI, FL 33135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN HEMELRIJCK, JACQUELINE ☒ Change ☐ Addition 777 NW 72 AVENUE # 2PL2 MIAMI - FL 33126
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
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 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:  - PRESIDENT		03/20/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66011537



03202006 Chg-P CR2E034 (11/05)