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Apr 24, 2006 8:00 am
Secretary of State
03-23-2006 90019 014 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000039939

1. Entity Name
ART FASHION, INC.

66011537

Principal Place of Business	Mailing Address
745 SW 35TH AVENUE SUITE 204 MIAMI, FL 33135	745 SW 35TH AVENUE SUITE 204 MIAMI, FL 33135

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
777 NW 72 AVENUE		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. 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] 03/20/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 777 NW 72 AVENUE # 2PL2 MIAMI - Fl 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] - PRESIDENT 03/20/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #