

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126856

FILED
Mar 03, 2008
Secretary of State

Entity Name: AMERICAN ART COLLECTION CORP.

Current Principal Place of Business:

5603 NW 159 ST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

P O BOX 5397
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-3569881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN AND PARKER CPA, PA
1501 SW 42ND AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONAVIA, E NEAL
Address: 5601 NW 159 ST
City-St-Zip: MIAMI LAKES, FL 33014

Title: ST () Delete
Name: WESTBERRY, MARGARET
Address: 5601 NW 159 ST
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONAVIA, E NEAL
Address: PO BOX 5397
City-St-Zip: MIAMI LAKES, FL 33014

Title: ST (X) Change () Addition
Name: WESTBERRY, MARGARET
Address: PO BOX 5397
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E NEAL BONAVIA

P

03/03/2008

Electronic Signature of Signing Officer or Director

Date