


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90026 035 \*\*\*150.00

<b>DOCUMENT # P05000147954</b>	
1. Entity Name ART BOUTIQUE GALLERY INC.	

Principal Place of Business 76 SAINT GEORGE STREET ST AUGUSTINE, FL 32084 US	Mailing Address 76 SAINT GEORGE STREET ST AUGUSTINE, FL 32084 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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05082006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3736687**

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

6. Name and Address of Current Registered Agent  MEZIN, EYAL 19501 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent Name <b>Mezin, Morris</b> Street Address (P.O. Box Number is Not Acceptable) <b>19111 Collins Ave #2807</b> City <b>Sunny Isles</b> FL Zip Code <b>33180</b>	
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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  **Morris Mezin** DATE **5/8/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MEZIN, EYAL</b> <b>19501 E. COUNTRY CLUB DRIVE</b> <b>AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHECHTER, DANNY</b> <b>76 ST. GEORGE STREET</b> <b>ST AUGUSTINE, FL 32084</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MEZIN, MORRIS</b> <b>19111 COLLINS AVE #2807</b> <b>MIAMI BEACH, FL 33130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>19111 Collins Ave #2807</b> <b>Sunny Isles, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Morris Mezin** DATE **5/8/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR