## FILED May 07, 2007 8:00 am Secretary of State

ANNUAL REPORT					
DOCUMENT # P06000027388					
1. Entity Name	16				

DOCUMENT # P06000027388  1. Entity Name PRO-ART ENTERTAINMENT CONSULTANT, INC.							05-07-2007	•	32 ***150		
Principal Place of Business 15575 SW 17 STREET DAVIE, FL 33326			Mailing Address 15575 SW 17 STREET DAVIE, FL 33326				111 <b>8 8</b> 11 <b>5</b> 11 <b>5</b> 11 1 <b>8</b> 1		IBBI I4 IBBI		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt.			Suite, Apt. #, etc.		03152007	Chg-P		34 (12/06)	_		
City & State	e		City & State		4. FEI Numb	er -256242		Not	plied For t Applicable		
Zip		Country	Zìp	p Country			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 Name						
UMBERT, ANGEL B 15575 SW 17 STREET DAVIE, FL 33326			Street Address (P.O. Box Number is Not Acceptable)								
DAVIL, I L	00020										
1 1					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											
<u> </u>	Signature, typed	or printed name of registered agent	and title if applicable (NOTE	E Registered	d Agent signature required	d when reinstating)		DATE			
		FEE IS \$150.00 7 Fee will be \$550.	9. Election Campai Trust Fund Cont			.00 May Be led to Fees					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS.	/CHANGES TO OFF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, ANGEL B V 17 STREET L 33326	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UMBERT,	, MARIA A V 17 STREET	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>				☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Deleic						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
indicated of the cor	d on this repo	ort or supplemental report i he receiver oftrustee emp	h this filing does not qualify for s true and accurate and that repowered to execute this report with all other like empowered	my signal Las ceciúi	ture shall have the	same legal effe	ct as il made under	cath: that I	am an officer.	or director r Block 11 if	