2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000027388



Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90027 042 ***150.00

1. Entity Name

PRO-ART ENTERTAINMENT CONSULTANT, INC.									
Dringing Disc	o of Business	Mailine Address			เรียก	ეკია	_		
Principal Place of Business 15575 SW 17 STREET DAVIE, FL 33326		15575 SW 17 STREET DAVIE, FL 33326			A CONTRACTOR IN	enim kun esin sarn sai	د. العاد الـ 118 (1881)		PRI (I 1881
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (12/0 6)	
City & State		City & State		:	4. FEI Number 56-256				plied For Applicable
Žip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Curre		7. Name and Address of New Registered Agent						
LIMBERT AMOST D				Name	1.00			·	
UMBERT, ANGEL B 15575.SW 17.STREET-				Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL 33326									
				City	·		FL	Zip Code)
						<u> </u>			
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, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered ag	ent and the il applicable. (NOTE	Registered	g võeut siõvamus tednise	o when reinstating)	··· ·-	UATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					i.00 May Be ded to Fees	***			
10.	0. OFFICERS AND DIRECTORS 11			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD	Delete	TITLE	1				Change	☐ Addition
NAME	UMBERT, ANGEL B		NAM	, ,	-				
STREET ADDRESS CITY-ST-ZIP	15575 SW 17 STREET			ET ADDRESS -S7-ZIP	~				
TITLE NAME	STD UMBERT, MARIA A	. Detete	TITLE NAM!		•			☐ Change	☐ Addition
STREET ADDRESS	15575 SW 17 STREET			ET ADDRESS:					
CITY-ST-ZIP	DAVIE, FL 33326			-S1-ZIP					
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-\$T-ZIP					

12. I hereby certify that the information supplied with this filling 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 op an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

INTED HAVE OF SIGNING OFFICER OR DIRECTOR

☐ Deleti∮

☐ Change

☐ Addition