

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

1. Entity Nan	MENT # P0600008271 arts, inc.	5			secretary or Sta
Principal Place 7662 NW 18 MIAMI, FL 3	36 ST	failing Address 7662 NW 186 ST MIAMI, FL 33015		E indiver in don't den ten tom don't de	
	OO NOT WRITE II	N THIS SPA	CE	04302008 No Chg-P 4. FEI Number 20-5160563 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
PEREIRA, 7662 NW MIAMI, FL		stered Agent	DO NOT WRITE IN THIS SPACE		
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 title if applicable (NOTE, Registered Agent signature required when renstating). DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing\$5.	00 May Be ed to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, RAFAEL A 7662 NW 186 ST MIRAMAR, FL 33015	CTORS		U0000; 06/02/08	0947622 -80022-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			}		
NAME STREET ADDRESS				DO NOT W	i Tear's a cades them

DO NOT WRITE IN THIS SPACE

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 attachyping with a radial easy, with abother like empowered.

SIGNATURE:

CITY-ST-ZIP

THE NAME
STREET ADDRESS
CHY-ST-ZIP
HILE
NAME
STREET ADDRESS
CHY-ST-ZIP
THE
NAME
STREET ADDRESS
CHY-ST-ZIP
THE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR

4-30-128

Daylime Phone #