## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000083055

Entity Name: WAREHOUSE OF ARTS CORPORATION

FILED Jan 27, 2009 Secretary of State

Littly Nai	IIIC. VVAREIT	JUSE OF ARTS CORFORATION	JIN		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AVENUE SOP PARK, FL 327				
Current Mailing Address:			New Mailing Address:		
344 MAPL 236 VIENNA, V	E AVENUE W				
	: <b>20-5316739</b>	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FABIO O CATAO 501 PARK AVENUE SOUTH WINTER PARK, FL 32789 US				FABIO O CATAO 344 MAPLE AVE W # 236 VIENNA VIENNA , VIRGINIA, FL 22180 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: FABIO C	ATAO		01/27/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CATAO, FABIC	N MANOR WAY #211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SPERB, VIVIA	N MANOR WAY #211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CATAO, FABIC	N MANOR WAY #211	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S (X SPERB, VIVIAI	i) Delete NE	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FABIO CATAO D 01/27/2009

12012 ASHTON MANOR WAY #211

ORLANDO, FL 32828 US

Address:

City-St-Zip: