2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087681

Entity Name: CARMEN ART &HOUSEHOLD GOODS INC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2740 NIM/ 54 STDEET	

2719 N W 54 STREET MIAMI, FL 33142 US

Current Mailing Address: New Mailing Address:

2719 N W 54 STREET MIAMI, FL 33142 US

FEI Number: 20-5122815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 JONES, CARMEN
 JONES, CARMEN

 1021 N E 151 TERR
 1021 N E 151 TERR

NORTH MIAMI BEACH, FL US NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: CARMEN JONES 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: JONES, CARMEN Name: JONES, CARMEN

Address: 1021 N E 151 TERR Address: 2719 NW 54 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: MIAMI, FL 33142 US

Title: VP () Delete Title: VP (X) Change () Addition Name: JONES, CARMEN Name: JONES, CARMEN

 Name:
 JONES, CARMEN
 Name:
 JONES, CARMEN

 Address:
 1021 N E 151 TERR
 Address:
 2719 NW 54 STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162 US
 City-St-Zip:
 MIAMI, FL 33142 US

Title: () Delete Title: P () Change (X) Addition

 Name:
 Name:
 JONES, CARMEN

 Address:
 Address:
 2719 NW 54 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33142

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 JONES, CARMEN

 Address:
 Address:
 2719 NW 54 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33142

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.

SIGNATURE: CARMEN JONES OWN 04/30/2007