2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P06000087681

Entity Name: CARMEN ART &HOUSEHOLD GOODS INC

Current Principal Place of Business:

2719 N W 54 STREET
MIAMI, FL 33142 US

New Principal Place of Business:

4520 POLK ST
HOLLYWOOD, FL 33021 US

Current Mailing Address:

2719 N W 54 STREET
MIAMI, FL 33142 US

New Mailing Address:

4520 POLK ST
HOLLYWOOD, FL 33021 US

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

Name and Address of Current Registered Agent:

JONES, CARMEN
1021 N E 151 TERR
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, CARMEN
Address: 2719 NW 54 STREET
City-St-Zip: MIAMI, FL 33142 US

Title: VP ( ) Delete
Name: JONES, CARMEN
Address: 2719 NW 54 STREET
City-St-Zip: MIAMI, FL 33142 US

Title: P ( ) Delete
Name: JONES, CARMEN
Address: 2719 NW 54 STREET
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete
Name: JONES, CARMEN
Address: 2719 NW 54 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, CARMEN
Address: 4520 POLK ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP (X) Change ( ) Addition
Name: JONES, CARMEN
Address: 4520 POLK ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: P (X) Change ( ) Addition
Name: JONES, CARMEN
Address: 4520 POLK ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change ( ) Addition
Name: JONES, CARMEN
Address: 4520 POLK ST
City-St-Zip: HOLLYWOOD, FL 33021

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 OWNE 05/01/2009
Electronic Signature of Signing Officer or Director Date