

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157244

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: ART MOSAIC & LIGHT CORP

## Current Principal Place of Business:

4972 EAGLESMERE DR APT 924  
ORLANDO, FL 32819

## New Principal Place of Business:

5290 BROOK CT  
ORLANDO, FL 32811

## Current Mailing Address:

4972 EAGLESMERE DR APT 924  
ORLANDO, FL 32819

## New Mailing Address:

PO BOX 617054  
ORLANDO, FL 32861

FEI Number: 20-8080406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACHUCA, DORIS VARGAS  
4972 EAGLESMERE DR APT 924  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

MACHUCA, DORIS VARGAS  
5290 BROOK CT  
ORLANDO, FL 32811 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:

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRACA FILHO, EDUARDO F  
Address: 4972 EAGLESMERE DR APT 924  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: MACHUCA, DORIS VARGAS  
Address: 4972 EAGLESMERE DR APT 924  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: PRACA, EDUARDO A  
Address: 4972 EAGLESMERE DR APT 924  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PRACA FILHO, EDUARDO F  
Address: PO BOX 617054  
City-St-Zip: ORLANDO, FL 32861

Title: VP (X) Change ( ) Addition  
Name: MACHUCA, DORIS VARGAS  
Address: PO BOX 617054  
City-St-Zip: ORLANDO, FL 32861

Title: T (X) Change ( ) Addition  
Name: PRACA, EDUARDO A  
Address: PO BOX 617054  
City-St-Zip: ORLANDO, FL 32861

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO PRACA FILHO

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date