


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90022 025 ***150.00

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1. Entity Name
AMAZON'S ART WORK, INC.



Principal Place of Business
19111 COLLINS AVE #1805
SUNNY ISLES, FL 33160

Mailing Address
19111 COLLINS AVE #1805
SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

03312008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0141429

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SILVA, MARIA D
19111 COLLINS AVE #1805
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **SILVA, MARIA D**
 STREET ADDRESS **19111 COLLINS AVE #1805**
 CITY-ST-ZIP **SUNNY ISLES, FL 33160**

Change Addition

TITLE **D** Delete
 NAME **SANTOS, ROSANA M**
 STREET ADDRESS **301 PALM WAY #208**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **SILVA, ALINE B**
 STREET ADDRESS **19111 COLLINS AVE #1805**
 CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Aline Braga Silva **ALINE SILVA** 3/31/08 (301) 308-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #