

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jul 03, 2008 8:00 am
Secretary of State

06-04-2008 90003 027 ***150.00

DOCUMENT # P07000091252 1. Entity Name DEL TORO'S ARTS CORP.					
Principal Place of Business 6039 COLLINS AVE SUITE 1120 MIAMI BEACH FL 33140			Mailing Address 6039 COLLINS AVE SUITE 1120 MIAMI BEACH FL 33140		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent DEL TORO PEREZ, CECILIA E 6039 COLLINS AVE SUITE 1120 MIAMI BEACH FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 26-0729026	
6. 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.				5. Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 DEL TORO PEREZ, CECILIA E 6039 COLLINS AVE SUITE 1120 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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1st MOORE CR2E034 (10/07)