2006 FOR PROFIT CORPORATION ANNUAL REPORT:(AR)

Secretary of State DOCUMENT # P93000010198 02-10-2006 90008 016 ***150.00 MIAMI BEACH ART DECO PUBLISHING, INC. Principal Place of Business Mailing Address 221 MERIDIAN AVE 221 MERIDIAN AVE 0000234K MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0391329 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .PESTANA, MIRTA Street Address (P.O. Box Number is Not Acceptable) 221 MERIDIAN AVE **APT 410** MIAMI BEACH FL 33139 City 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 SIGNATURE INDTE Reneveren Agent consule rickwed when revisite ut FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE ☐ Delete TITLE Adoition PESTANA, MIRTÁ NAME MAME STREET ADDRESS 221 MERIDIAN AVE APT 410 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-7/P MILE ☐ Defete TITLE Change Addition PRESIDENT same address NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP hiter mit ☐ Delete ☐ Change SECRETARY Addition MAME NAME STREET ADDRESS STREET ADDRESS Same adress CITY-ST-7IP CITY-S1-ZIP TREASURER ☐ Detete ☐ Addition ☐ Change MAME NAME same adress STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1111 6 ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS C1TY-S1-71P CITY-ST-ZIP TOTAL F ☐ Delete un e Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P 12. I hereby certify that the information supplied with this fling 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 gifter like empowered. 2-24-06 SIGNATURE:

FILED

Feb 28, 2006 8:00 am