2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P94000018435 02-28-2005 90206 020 ***150.00 1. Entity Name ALLWAYS ART, INC. Principal Place of Business Mailing Address 40024731 410 NE 152 STREET 410 NE 152 STREET MIAMI, FL 33162 MIAMI, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0549537 Not Applicable Zip Country 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 KERMANT SEVIAT 300 THREE ISLANDS BLVD 519 HALLANDALE, FL 33009 Biscayne gardens 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 regist 2-21-04 VID KERMAN Signature, typ (NOTE: Registered Agent signature required when reinstating) icent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change KERMAN SILVIA NAME KERMAN, SILVIA NAME 15101 NE 274 AVE 1080 NE 81ST STREET STREET ADDRESS STREET ADDRESS Biscoyne gardens FL 33162 CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP ZADUNAISKY ANDREA Change TITLE ☐ Delete ZADUNAISKY, ANDREA NAME 410 NE 2 nd ANE 1080 NE 81ST STREET STREET ADDRESS STREET ADDRESS 23162 CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP 31scayne gardens AL TITLE ☐ Delete Change ☐ Addition TARRAB, Alberto TARRAB, ALBERTO NAME NAME 1080 NE 81ST STREET 410 HE STREET ADDRESS STREET ADDRESS CITY-ST:ZIF-MIAMI-FL-33138-City-St-ZiP-33162 TITLE ☐ Delete TITLÉ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered 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. Ike empowered.

URE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 28, 2005 8:00 am