

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90026 016 ***150.00

DOCUMENT # P94000047451					
1. Entity Name ART-Z GLASS STUDIO, INC.					
Principal Place of Business 713 W LUMSDEN RD BRANDON, FL 33511			Mailing Address 713 W LUMSDEN RD BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # 6307 LAKE SUNRISE DR Suite, Apt. #, etc. APOLLO BEACH		3. Mailing Address 6307 LAKE SUNRISE DR Suite, Apt. #, etc. APOLLO BEACH, FL			
City & State FL		City & State APOLLO BEACH, FL		4. FEI Number 59-3253691	
Zip 33572		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZSUFFA, MARY M 6307 LAKE SUNRISE DRIVE APOLLO BEACH, FL 33572			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing <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	P <input type="checkbox"/> Delete ZSUFFA, MARY M 6307 LAKE SUNRISE DR. APOLLO BEACH, FL 33572		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <u>Mary M Zuffa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/01/2007 813 645 6828 <small>DATE Daytime Phone #</small>		