2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P94000067965 1. Entity Name ASIAN ARTS & DECOR, INC. Principal Place of Business ... _Mailing Address 5515 FRUITVILLE ROAD SARASOTA CROSSINGS SARASOTA FL 34232 5515 FRUITVILLE ROAD SARASOTA CROSSINGS SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE 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 Name LEVIN. ALLEN J Street Address (P.O. Box Number is Not Acceptable) 3440 CONWAY BLVD. SUITE 1A PORT CHARLOTTE FL 33952 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. 11. TITLE TITLE ☐ Delete Change Addition ROSENBERG, SHARON L NAME NAME U000000088935 STREET ADDRESS 4665 OAK HOLLOW DR STREET ADDRESS 03/15/04-80071-014 150.00 CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ٧P ☐ Change TITLE Delete TITLE ☐ Addition NAME ROSENBERG, HARRY NAME STREET ADDRESS 4665 OAK HOLLOW DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered SHARRE L. Cose & Sorly SIGNATURE