2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2004 08:00 AM DOCUMENT # P95000006800 Secretary of State ALEXANDER'S FINE ARTS GALLERY, INC. Principal Place of Business Mailing Address 3211 SWANN AVE 3211 SWANN AVE #605 TAMPA FL 33609 US TAMPA FL 33609 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3295487 Not Applicable Ζ'nρ Country Zin 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 ALEXANDER, HELENE C Street Address (P.O. Box Number is Not Acceptable) 3211 SWANN AVE #605 **TAMPA FL 33609** 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 agent and fille 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THLE ☐ Change Addition NAME ALEXANDER, HELENE C NAME U00000023753 3211 SWANN AVE #605 STREET ADDRESS STREET ADDRESS Ŭ2/02/04-80038-012 150.00 CITY - ST - 7IP TAMPA FL 33609 CITY-ST-ZIP Delete TITLE TITLE Спалде Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 31717 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P TITLE ☐ Delete 3373 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS 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 accomplete 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 effective for trustee empowered to effective for the corporation or an attachment with an address, with all other like empowered.

FILED