


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 003 ***150.00

DOCUMENT # P96000078991 1. Entity Name DO ART, INC.					
Principal Place of Business 2441 NW 43RD STREET SUITE 18 GAINESVILLE, FL 32606 US			Mailing Address 2441 NW 43RD STREET SUITE 18 GAINESVILLE, FL 32606 US		
2. Principal Place of Business 519 TALAVERA ROAD Suite, Apt. #, etc.		3. Mailing Address 519 TALAVERA ROAD Suite, Apt. #, etc.			
City & State WESTON, FLORIDA		City & State WESTON, FLORIDA		4. FEI Number 59-3409232	
Zip 32605		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAMAGE, CAROLINA 2441 NW 43RD STREET SUITE 18 GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name GRAMAGE, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 8105 N.W. 61st STREET City TAMARAC		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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 GRAMAGE, JUAN J 2441 43RD STREET SUITE 18 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAMAGE, JUAN J 519 TALAVERA ROAD WESTON, FL 32605 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE GRAMAGE, BEATRIZ P 2441 43RD STREET SUITE 18 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE GRAMAGE, BEATRIZ P 519 TALAVERA ROAD WESTON, FL 32605 <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	
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	
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	
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	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>JUAN J. GRAMAGE</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JUAN J. GRAMAGE - PRESIDENT			03/31/05 (954) 217-8871 <small>Date Daytime Phone #</small>		