2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # P9600102367 1. Entity Name SMART PUBLISHERS OF FINE ART, INC. Principal Place of Business Mailing Address 4648 N. UNIVERSITY DR. 4648 N. UNIVERSITY DR. FT. LAUDERDALE, FL 33351 FT. LAUDERDALE, FL 33351 No Chg-P 01132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0723470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCCLOSKY, REED B ESQ. DO NOT WRITE FREEDMAN & MCCLOSKY, P.A. ONE E. BROWARD BLVD., SUITE 700 BARNETT PL IN THIS SPACE FT. LAUDERDALE, FL 33301 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 Reed McClosky Signature, typed or printed name of registered agent and title if applicat INOTE. Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE ROTKOPF, RAMI MAME STREET ADDRESS 4648 N UNIVERSITY DR U00000183467 CITY-ST-ZIP FT. LAUDERDALE, FL 33351 01/19/05-80068-013 150.00 TILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

954-746-5750

Date

Daytime Phone #

FILED