


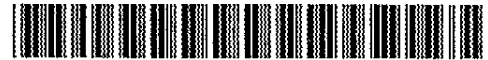
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000074178 1. Entity Name EWAGRAU ART, INC.	
--	---

Principal Place of Business 2010 SW 135 AVE. MIAMI, FL 33175	Mailing Address 2010 SW 135 AVE. MIAMI, FL 33175
--	--

**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0777285	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  DOMINGUEZ, MIGUEL A 2010 SW 135 AVE. MIAMI, FL 33175	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

110000123596  
 04/22/04-80011-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOMINGUEZ, MIGUEL A 2010 SW 135 AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DOMINGUEZ, JADWIGA E 2010 SW 135 AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Miguel A. Dominguez MIGUEL A. DOMINGUEZ 03-21-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #