


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000074178 1. Entity Name EWAGRAU ART, INC.	
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Principal Place of Business 2010 SW 135 AVE. MIAMI FL 33175	Mailing Address 2010 SW 135 AVE. MIAMI FL 33175
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2. Principal Place of Business - No P.O. Box # SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
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4. FEI Number 65-0777285	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOMINGUEZ, MIGUEL A 2010 SW 135 AVE. MIAMI FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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Name	FL
Street Address (P.O. Box Number is Not Acceptable)	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 _____ DATE _____

(NOTE: Registered Agent signature required when not filing.)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	DOMINGUEZ, MIGUEL A	
STREET ADDRESS	2010 SW 135 AVE.	
CITY- ST- ZIP	MIAMI FL 33175	
TITLE	DVS	
NAME	DOMINGUEZ, JADWIGA E	
STREET ADDRESS	2010 SW 135 AVE.	
CITY- ST- ZIP	MIAMI FL 33175	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 04/18/08 786-859-2790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #