


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90081 023 ***150.00

DOCUMENT # P97000090391		
1. Entity Name ART BIZ, INC.		

Principal Place of Business 10710 NW 66 ST 502 MIAMI, FL 33178 US	Mailing Address 10710 NW 66 ST 502 MIAMI, FL 33178 US
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2. Principal Place of Business - No P.O. Box # 1253 WASHINGTON AVE.	3. Mailing Address 1253 WASHINGTON AVE.
Suite, Apt. #, etc. SUITE #300	Suite, Apt. #, etc. SUITE #300

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Country 33139

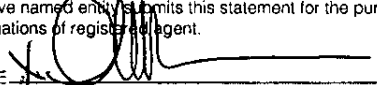


01292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0788625	Applied For <input type="checkbox"/> Not Applicable
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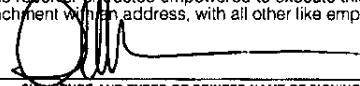
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name OCHOA, ANA MARIA Street Address (P.O. Box Number is Not Acceptable) 1253 WASHINGTON AVE. #300 City MIAMI BEACH, FL Zip Code 33178	
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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 1-31-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST OCHOA, ANA MARIA 2708 SW 165 AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OCHOA, ANA MARIA 1253 WASHINGTON AVE. #300 MIAMI, BEACH, FL. 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 2708 SW 165 AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, DANIEL 1253 WASHINGTON AVE. #300 MIAMI BEACH, FL. 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 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 which address, with all other like empowered.	
SIGNATURE 	ANA MARIA OCHOA, PRES. 1/29/07