

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90222 035 \*\*\*150.00

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02222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000005730</b> 1. Entity Name <b>QUEEN OF ARTS, INC.</b>					
Principal Place of Business <b>1573 SUNSET DRIVE CORAL GABLES, FL 33143</b>			Mailing Address <b>1573 SUNSET DRIVE CORAL GABLES, FL 33143</b>		
2. Principal Place of Business <b>1627 Brickell Ave.</b> Suite, Apt. #, etc. <b>Apt 1602</b>		3. Mailing Address <b>3109 Grand Avenue</b> Suite, Apt. #, etc. <b>PMB 438</b>		4. FEI Number <b>65-0806350</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>miami, Florida</b>		City & State <b>miami, FL</b>			
Zip <b>33129</b>	Country <b>USA</b>	Zip <b>33133-5103</b>	Country		
6. Name and Address of Current Registered Agent  <b>GORDON, DEBRA 1573 SUNSET DRIVE CORAL GABLES, FL 33143</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1627 Brickell Avenue</b> <b>Apt. 1602</b> City <b>miami</b> <b>FL</b> Zip Code <b>33129</b>	
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: <u><i>Debra Gordon</i></u> DATE: <u>3/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, DEBBIE 1573 SUNSET DRIVE CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1627 Brickell Avenue Apt 1602 miami, FL 33129</b>	
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	
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 with an address, with all other like empowered.					
SIGNATURE: <u><i>Debra Gordon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>MARCH 15/06</u> Daytime Phone #: <u>305-987-2111</u>		