

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015419

FILED
May 01, 2005
Secretary of State

Entity Name: ARTISTAS CREATIVOS INTERNATIONAL, INC.

Current Principal Place of Business:

1900 S TREASURE DR
9-E
N. BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1900 S TREASURE DR
9-E
N. BAY VILLAGE, FL 33141

New Mailing Address:

11231 N.W 48 TERRACE
MIAMI, FL 33178

FEI Number: 65-0837410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GEOFFREY K ESQUIRE
764 N.E. 111TH STREET
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FERNANDEZ, JAVIER
Address: 1900 S TREASURE DR 9-E
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FERNANDEZ, JAVIER
Address: 11231 NW 48 TERRACE
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.F

PS

05/01/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date