


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90025 011 \*\*\*158.75

<b>DOCUMENT # P98000059949</b> 1. Entity Name <b>CERNUDA ART CONSULTANTS, INC.</b>																																																																																																																													
Principal Place of Business <b>1040 S.W. 27TH AVENUE MIAMI FL 33135</b>			Mailing Address <b>1040 S.W. 27TH AVENUE MIAMI FL 33135</b>																																																																																																																										
2. Principal Place of Business <b>3155 Ponce de Leon Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State <b>CORAL GABLES, FLORIDA</b>		City & State																																																																																																																											
Zip <b>33134</b>		Country <b>MIAMI-DADE</b>		Zip Country																																																																																																																									
6. Name and Address of Current Registered Agent  <b>MORA, MICHAEL J ESQ 701 N.W. 57TH AVENUE SUITE 200 MIAMI FL 33126</b>			7. Name and Address of New Registered Agent Name <b>RAMON CERNUDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1040 S.W. 27TH AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33135</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 _____ <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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">D <input type="checkbox"/> Delete</td> <td style="width: 33%;">TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CERNUDA, RAMON</td> <td>NAME</td> <td colspan="3" rowspan="3" style="vertical-align: top;"> <b>1040 S.W. 27TH AVENUE MIAMI, FLORIDA 33135</b> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1040 S.W. 47TH AVENUE</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33135</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	CERNUDA, RAMON	NAME	<b>1040 S.W. 27TH AVENUE MIAMI, FLORIDA 33135</b>			STREET ADDRESS	1040 S.W. 47TH AVENUE	STREET ADDRESS	CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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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.																																																																																																																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
02-06-04      305-649-4600 <small>Date      Daytime Phone #</small>																																																																																																																													

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