2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P98000074258

Entity Name: FINE ART WHOLESALER'S FRAMING DIVISION, INC.

Current Principal Place of Business:

1410 S.W. 29 AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1410 S.W. 29 AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0866502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHACHR, ILAN
1410 SW 29TH AVE
POMPANO BEACH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RESTREPO, GERMAN
Address: 1410 SW 29TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: CEOD ( ) Delete
Name: SHACHR, ILAN
Address: 1410 SW 29TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VSTD ( ) Delete
Name: ALTAMIRANO, RONALDO
Address: 1410 29TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: STIER, LISA
Address: 1410 SW 29TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ILAN SHACHR CEOD 03/17/2006

Electronic Signature of Signing Officer or Director Date