


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90379 027 \*\*\*150.00

<b>DOCUMENT # P98000079576</b>	
1. Entity Name ALL ART PICTURES FRAMING AND ART GALLERY OF WESTON, INC.	

Principal Place of Business 104 WESTON RD SUNRISE, FL 33326	Mailing Address 104 WESTON RD SUNRISE, FL 33326
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**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0868802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEMUS, RUBEN A <del>381 WEST RIVERBEND DRIVE</del> <i>1652 Sandpiper Circle</i> <del>SUNRISE, FL 33326</del> <i>WESTON FL. 33327</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMUS, RUBEN A <i>1652 Sandpiper Circle</i> <del>381 WEST RIVERBEND DRIVE</del> <i>WESTON FL. 33327</i> <del>SUNRISE, FL 33326</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGEL, FRANCILIA A <i>1652 Sandpiper Circle</i> <del>381 WEST RIVERBEND DRIVE</del> <i>WESTON FL. 33327</i> <del>SUNRISE, FL 33326</del>
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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.

**SIGNATURE:**  *03/10/2005 (954) 385-2554*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #