2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P98000089339 04-21-2005 90234 025 ***150.00 ART & MAISON, INC. Principal Place of Business Mailing Address 240 NE 70TH STREET 240 NE 70TH STREET MIAMI, FL 33138 MIAMI, FL 33138 Mailing Address 852 NE 2. Principal Place of Business Hys Suite, Apt. #, etc Suite, Apt. #, etc. 04182005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For N MIAMI 1 MI AMI 65-0870124 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent tousc Jaylin HAUTOUX JAULIN, MARIELLE Street Address (P.O. Box Number is Not Acceptable) 240 NE 70TH STREET MIAMI, FL 33138 N MIANU 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE TILE ☐ Addition ``≤ Delete HAUTOUX, MARIEL HAUTOUX MARIEC 1852 NE 144 ST NAME NAME 240 NE 70TH STREET STREET ADDRESS STREET ADORESS CITY-ST-71P MIAMI, FL 33138 CTTY-ST-ZIP NI HIAMI FL 33181 YP TITLE TITLE 😤 Change ંે ન Delete ☐ Addition JEAN-CHRISTOPHE, JAUL 1852 HE 144 ST JEAN-CHRISTOPHE, JAULIN NAME 240 NE 70TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP 33181 N. HIAMI FL TITLE C Delete TITLE Addition TEAN-CHRISTOPHE JAULIN 1852 ME TILL 85 JEAN-CHRISTOPHE, JAULIN NAME NAME STREET ADDRESS 240 NE 70TH STREET --STREET ADDRESS 33181 CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP N MIAHI TITLE ☐ Deleta TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition III E NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP MLE Delete TITLE ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OR DIRECTOR

FILED

Daytime Phone #

Date