2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 15, 2006 08:00 AM DOCUMENT # P99000013926 **Secretary of State** 1. Entity Name ART AFFAIRS, INC. Principal Place of Business Mailing Address 3650 N 36TH AVENUE 3650 N 36TH AVENUE VILLA 48 HOLLYWOOD FL 83021 VILLA 48 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0902843 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOVITS, LAGO * COMPANY, LLP Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD 340 PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registated Agent signature tequired when (einstating) DATE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. **CFFICERS AND DIRECTORS** 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** TITLE ☐ Change ☐ AE ☐ Delete NAME RICKEL, MORRIS NAME U00000467831 03/24/06-80006-014 150.00 STREET ADDRESS 3650 N 36 AVE #48 STREET ADDRESS CITY-ST-IP HOLLYWOOD FL 33021 CUTY-ST-ZP TRRE Delete 97777 ☐ Change □ Air MAME RICKEL, ELEANOR S NAME STREET ADDRESS STREET ADDRESS 3650 N. 36 AVE #48 CITY-S7-218 HOLLYWOOD FL 33021 CATY-ST-ZIP TITLE D Defete THLE ☐ Change DAY: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE JØ1F ☐ Channe E1:" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-TP CITY-ST-ZP mue Delete ☐ Change TIDE NAME MAME STREET ADDRESS STREET ADDRESS CITY-57-21P CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change []At NAME NAME STREET ADDRESS STREET ADDRESS DJTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information of this report or supplemental report is tize and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or directly of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block it changed, or on an estatchment with an address, with all other like impowered.

FILED

3/13/06 954-298-868.