


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-17-2004 90049 030 ***150.00

DOCUMENT # P99000021583	
1. Entity Name MOVES ART, INC.	

Principal Place of Business 918 WHITE STREET KEY WEST FL 33040	Mailing Address 918 WHITE STREET KEY WEST FL 33040
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2. Principal Place of Business 918 WHITE STREET Suite, Apt. #, etc.	3. Mailing Address 3029 NORTH ROOSEVELT BLVD Suite, Apt. #, etc. UNIT # 20
City & State KEY WEST, FLORIDA Zip 33040 Country MONROE	City & State KEY WEST, FLORIDA Zip 33040 Country MONROE



MOORE CR2E034 (11/03)

4. FEI Number 65-1010969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANHART, VESNA 918 WHITE STREET KEY WEST FL 33040	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) n/a City FL 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 *Hanhart Vesna* (NOTE: Registered Agent signature required when reinstating) DATE Feb. 09. 2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANHART, VESNA 918 WHITE STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE BUSINESS ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STAYS THE SAME! ONLY THE MAILING ADDRESS CHANGED!
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HANHART, MONJA 918 WHITE STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE BOX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NO. 3. THANK YOU! VESNA HANHART
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hanhart Vesna* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-09-2004 Daytime Phone # 305-294-1256