


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90047 019 \*\*\*150.00

**DOCUMENT # P99000021583**

1. Entity Name  
**MOVES ART, INC.**



Principal Place of Business  
**918 WHITE STREET  
 KEY WEST, FL 33040**

Mailing Address  
**3029 N ROOSEVELT BLVD.  
 UNIT #20  
 KEY WEST, FL 33040**

2. Principal Place of Business  
**225 COLLINS AVE.**

3. Mailing Address  
**225 COLLINS AVE.**

Suite, Apt. #, etc.  
**# 5 I**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139** Country  
**USA**



03272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1010969**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 ~~Current~~ Registered Agent

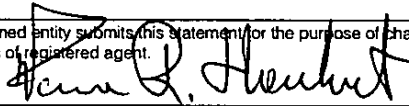
Name **HANHART, VESNA**

Street Address (P.O. Box Number is Not Acceptable)  
**225 COLLINS AVE.**

**UNIT # 5 I**

City **MIAMI BEACH FL** Zip Code **33139**

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  DATE **4/01/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

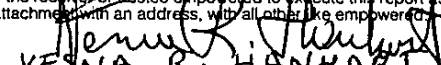
10. OFFICERS AND DIRECTORS

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	VTD HANHART, MONJA 918 WHITE STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANHART, VESNA 225 COLLINS AVE. #5 I MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change OF ADDRESS! <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HANHART, MONJA 225 COLLINS AVE. #5 I MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change OF ADDRESS! <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:  DATE **4/01/05** (305) 674-9888

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