


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90029 048 ***150.00

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

Principal Place of Business 225 COLLINS AVE #51 MIAMI BEACH, FL 33139 US	Mailing Address 225 COLLINS AVE #51 MIAMI BEACH, FL 33139 US
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2. Principal Place of Business 810 ESPAÑOLA WAY	3. Mailing Address 810 ESPAÑOLA WAY
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. n/a

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Country USA

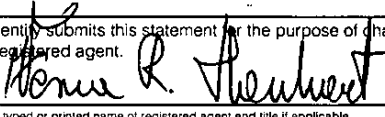


01192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1010969	Applied For <input type="checkbox"/> Not Applicable
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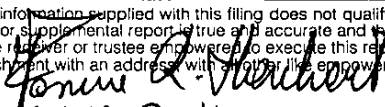
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANHART, VESNA 225 COLLINS AVE UNIT #51 MIAMI BEACH, FL 33139	7. Name and Address of Now Registered Agent Name HANHART, VESNA Street Address (P.O. Box Number is Not Acceptable) 810 ESPAÑOLA WAY City MIAMI BEACH FL 33139
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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 	DATE 1-19-2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 225 COLLINS AVE #51 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANHART, VESNA 810 ESPAÑOLA WAY 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 #51 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HANHART, MONJA 810 ESPAÑOLA WAY 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"/> 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 exemptions contained in Chapter 119, 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 another like empowered.	
SIGNATURE: 	DATE 1-19-2006 DAYTIME PHONE # 305-674-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	