



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 026 ***150.00

DOCUMENT # P99000034344			
1. Entity Name ART HERITAGE CORPORATION			
Principal Place of Business 17873 SOUTH WEST 1124TH AVENUE MIAMI, FL 33157		Mailing Address 17873 SOUTH WEST 1124TH AVENUE MIAMI, FL 33157	
2. Principal Place of Business 17873 SW 114 AVE		3. Mailing Address 3160 MUNDY ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 202	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33157		Country USA	
4. FEI Number 65-0931898		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, MARIA E 17873 SOUTH WEST 1124TH AVENUE MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALVAREZ, MARIA E 17873 SOUTH WEST 1124TH AVENUE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALVAREZ MARIA E 17873 SW 114 AVE MIAMI FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: 		MARIA E. ALVAREZ 1-10-2006 305-971-3924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	