

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30478

Entity Name: O.K. ART EXHIBITIONS LTD., INC.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

6520 SW 116TH STREET
MIAMI, FL 331564818 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565413
MIAMI, FL 332565413 US

New Mailing Address:

FEI Number: 06-1121485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIZE, CHRISTINE
6520 SW 116TH STREET
MIAMI, FL 331564818 US

Name and Address of New Registered Agent:

KNIZE, CHRISTINE Y
6520 SW 116TH STREET
MIAMI, FL 331564818 US

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.

SIGNATURE: CHRISTINE KNIZE

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KNIZE, PETER A
Address: P.O. BOX 565413
City-St-Zip: PINECREST, FL 332565413

Title: VPS () Delete
Name: KNIZE, LILI
Address: P.O. BOX 565413
City-St-Zip: MIAMI, FL 332565413

Title: VP () Delete
Name: KNIZE, CHRISTINE
Address: 6520 SW 116TH STREET
City-St-Zip: MIAMI, FL 331564818

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: KNIZE, PETER A
Address: P.O. BOX 565413
City-St-Zip: PINECREST, FL 332565413 US

Title: VP (X) Change () Addition
Name: KNIZE, LILI
Address: P.O. BOX 565413
City-St-Zip: MIAMI, FL 332565413 US

Title: VP (X) Change () Addition
Name: KNIZE, CHRISTINE Y
Address: 6520 SW 116TH STREET
City-St-Zip: MIAMI, FL 331564818 US

Title: S () Change (X) Addition
Name: KNIZE, CHRISTOPHER P
Address: 398 CARTER STREET
City-St-Zip: NEW CANAAN, CT 06460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. KNIZE

PRES

02/15/2009

Electronic Signature of Signing Officer or Director

Date