

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V38487

1. Entity Name
FINE ARTS ENTERPRISES, INC.



Principal Place of Business
12231 SHERIDAN ST
COOPER CITY, FL 33026 US

Mailing Address
12231 SHERIDAN ST
COOPER CITY, FL 33026 US

FILED
04 FEB 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0338220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, JEFFREY
12231 SHERIDAN ST
HOLLYWOOD, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200029312002
2/24/04--01047--015 **150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLOMON, JEFFREY
STREET ADDRESS 12231 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD, FL 33026

TITLE D
NAME SOLOMON, VICKY
STREET ADDRESS 12231 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD, FL 33026

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Jeffrey Solomon JEFFREY SOLOMON 2/18/2004 (954) 437 4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #