

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90047 003 \*\*\*150.00

**DOCUMENT # V38487**

1. Entity Name  
**FINE ARTS ENTERPRISES, INC.**



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

40004924



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132008 Chg-P CR2E034 (12/06)

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, VICKY**  
**12231 SHERIDAN ST**  
**HOLLYWOOD, FL 33026**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Vicky Solomon**  
STREET ADDRESS **700 SW 128 Ave. C415**  
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Vicky Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/08

Date

954 232 7153

Daytime Phone #