


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90024 047 \*\*\*\*61.25

**DOCUMENT # N27212**  
 1. Entity Name  
**ARTSERVE, INC.**



Principal Place of Business  
**1350 E SUNRISE BLVD.**  
**SUITE 100**  
**FT. LAUDERDALE, FL 33304 US**

Mailing Address  
**1350 E SUNRISE BLVD.**  
**SUITE 100**  
**FT. LAUDERDALE, FL 33304 US**

40016503



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0058919**

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent  
**KOHLER, MAUREEN**  
**1350 E SUNRISE BLVD**  
**100**  
**FORT LAUDERDALE, FL 33304**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be Added to Fees

Make check payable to  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE S	DAVIS, ERIHA 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE ED	KOHLER, MAUREEN 1350 E SUNRISE BLVD FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE PP	LEVAN, JARETT 4150 SW 28TH WAY FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE T	SASSER, DONNA 2010 NW 150 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE VPD	KOSLOW, ALAN 3111 STIRLING RD FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE VC	FLORES, SILVIA MD 2846 NE 35 CT FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete

TITLE Davis, Erika	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Lili Tzikas 10442 SW 16 Manor Davie, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: Maureen Kohler Maureen Kohler Date 1/27/05 954  
 Daytime Phone # 462-8190