


1082

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061084	
1. Entity Name ARTESTONE CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5216 LAKE MARGARET DR Suite, Apt. #, etc. 1106		3. Mailing Address Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State	
Zip FL	Country 32812	Zip	Country

REINSTATEMENT

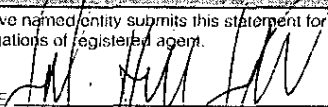
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MRD

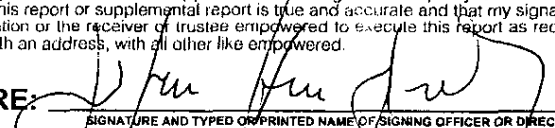
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7. Name and Address of Current Registered Agent	
Name MENDES, DERCIO	
Street Address (P.O. Box Number is Not Acceptable) 5216 LAKE MARGARET DR #1106	
City ORLANDO	FL Zip Code 32812

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MENDES, DERCIO 5216 LAKE MARGARET DR #1106 ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700025774047 12/26/03-01057-007 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.P. MENDES, RAPHAEL HENRIQUE 5216 LAKE MARGARET DR #1106 ORLANDO FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE Daytime Phone #

CR2E034B (12/02)

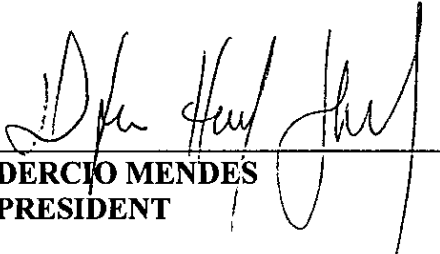
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **ARTESTONE, CORP**

Thank you for your courtesy in this matter.



DERCIO MENDES
PRESIDENT