

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134794

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ART INSTITUTE OF WESTON, INC.

## Current Principal Place of Business:

2900 GLADES CIRCLE  
1600  
WESTON, FL 33327

## New Principal Place of Business:

## Current Mailing Address:

2900 GLADES CIRCLE  
1600  
WESTON, FL 33327

## New Mailing Address:

FEI Number: 68-0543601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOVAR, ILEANA A  
1725 MAIN STREET  
SUITE 205  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LECHASNEY, CHARLES  
Address: 1140 GLENWOOD CT.  
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete  
Name: PEREZ, ELIA  
Address: 1627 SUNSET VIEW CIR.  
City-St-Zip: APOKA, FL 32703

Title: VD (X) Delete  
Name: AGUERREVERE, ANA MARIA  
Address: 440 CONSERVATION DR.  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES LECHASNEY

PD

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date