

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134794

FILED
May 02, 2007
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date