

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000045090

FILED
Oct 05, 2006
Secretary of State

Entity Name: ARTESIA, INC.

Current Principal Place of Business:

4077 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4077 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0852958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIN, TERRANCE J ESQ
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FUENTES, ANNA
1217 CORAL WAY
CORAL GABLES, FL 33134 US

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: MULLIN TERRANCE

10/05/2006

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: D () Delete
Name: FUENTES, EDUARDO S
Address: 4077 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FUENTES, ANNA S
Address: 4077 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

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 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: ANNA FUENTES

VP

10/05/2006

Electronic Signature of Signing Officer or Director

Date