

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # J02786

1. Entity Name
ARTEMIS ENTERPRISES, INC.



Principal Place of Business
**C/O PATRICIA JONES
1221 BRICKELL AVE 21ST FL
MIAMI, FL 33131**

Mailing Address
**C/O PATRICIA JONES
1221 BRICKELL AVE 21ST FL
MIAMI, FL 33131**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2656776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CAMPOLLO, RAMON
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DAS
NAME	CAMPOLLO DE BONIFASI, MARIA E
STREET ADDRESS	1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DV
NAME	CAMPOLLO DE GARCIA, ROSA MARIA
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80013-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa María Campollo de García
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #