

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052250

Entity Name: ARTIFLOR, INC.**Current Principal Place of Business:**CALLE 1ERA ESQUINA CARRET DUARTE, VIEJA,
SECTOR LA VENTA, SANTO DOMINGO OESTE
REPUBLICA DOMINICANA, DR 00000**Current Mailing Address:**EPS# P-2944
PO BOX 025522
MIAMI, FL 33102-5522**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, INGRID
922 SCRUB JAY DRIVE
ST AUGUSTINE, FL 32092 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PD
Name TIRADO, ANGELA LEON
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102-5522Title VPD
Name TIRADO, CLARA D. LEON
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102-5522Title SD
Name LEON, GIOVANNA
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102-5522Title TD
Name NUNEZ, LUCIANO LEON
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102-5522Title D
Name LEON, JUAN
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102-5522Title DIRECTOR
Name TIRADO, YUVANIS
Address EPS# P-2944, PO BOX 025522
City-State-Zip: MIAMI FL 33102

I hereby 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 all other like empowered.

SIGNATURE: CLARA D. LEON TIRADO

VPD

04/23/2013

Electronic Signature of Signing Officer/Director Detail_____
Date