

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 520279

1. Entity Name
PLAN-ART ASSOCIATES INC.



Principal Place of Business
**3331 NE 32ND STREET
FT LAUDERDALE, FL 33308 US**

Mailing Address
**3331 NE 32ND STREET
FT LAUDERDALE, FL 33308 US**

FILED
08 MAY 29 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1710997

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMON, RICHARD
3331 NE 32ND STREET
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SIMON, RICHARD
2511 NW 98TH TERRACE
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LASKY, SCOTT
1179 NW 114TH AVE
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**300130927693
06/05/08--01043--019 **150.00**

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/08
Date

984-586-3100
Daytime Phone #