

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # 624508

1. Entity Name  
MIAMI ARTISTIC GROUP, INC.



Principal Place of Business

2981 W MCNAB RD.  
POMPANO BEACH, FL 33069 US

Mailing Address

2981 W MCNAB RD.  
POMPANO BEACH, FL 33069 US



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1926439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SAVIR, ISRAEL  
3715 N. 37TH TERR.  
HOLLYWOOD, FL 33021

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000024380  
02/02/04-80065-008 150.00

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAVIR, ISRAEL  
STREET ADDRESS 2981 W. MCNAB RD.  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE  
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CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/21/04