


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 713084 1. Entity Name ALLIED ARTS OF NORTH MIAMI INC.	
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Principal Place of Business 1655 NE 115TH ST. #29-B MIAMI, FL 33181 US	Mailing Address 1655 NE 115TH ST. #29-B MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6205874	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VISNOWSKI, JAMES J
1655 NE 115TH ST., #29-B
MIAMI, FL 33181

**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 _____ DATE 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SD VISNOWSKI, JAMES J 1655 NE 115TH ST., #29-B MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WATSON, WILLIAM 311 NE 86 ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V TRUSSELL, DAVID 1655 NE 115TH ST., #29-B MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PELLICANE, NORMA 435 NW 129 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WALLACH, RITA 11 ISLAND AVE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000356525
05/04/05-80037-019 70.00

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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 617, 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: David G. Trussell, U.P. 4/28/05 (305) 895-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #