

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J02786	
1. Entity Name ARTEMIS ENTERPRISES, INC.	



FILED

2008 FEB 29 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
---	---

2. Principal Place of Business - No P.O. Box # 7315 S.W. 87th Ave.	3. Mailing Address c/o Anthony Wolpert
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. 7315 S.W. 87th Ave.
City & State Miami, FL	City & State Suite 200, Miami, FL
Zip 33173	Country USA

02182008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 X

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPOLLO, RAMON C/O 1221 BRICKELL AVENUE MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Campollo, Ramon 7315 S.W. 87th Ave, Suite 200 Miami, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS CAMPOLLO DE BONIFASI, MARIA E 1221 BRICKELL AVENUE MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS Campollo de Bonifasi, Maria Eugenia 7315 S.W. 87th Ave., Suite 200 Miami, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPOLLO DE GARCIA, ROSA MARIA C/O 1221 BRICKELL AVENUE MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Campollo de Garcia, Rosa Maria 7315 S.W. 87th Ave, Suite 200 Miami, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

500119549685
03/06/08--01016--012 **150.00

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

Date

Daytime Phone #