

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L96475

1. Entity Name  
ARTNEXUS CORP.



Principal Place of Business

12955 BISCAYNE BLVD  
SUITE 410  
MIAMI, FL 33181

Mailing Address

12955 BISCAYNE BLVD  
SUITE 410  
MIAMI, FL 33181



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0211869

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.  
1 S.E. 3RD AVE.  
STE 960  
MIAMI, FL 33131

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
PSD  
BIRBRAGHER, CELIA S  
1 SE 3RD AVE, STE 960  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
BIRBRAGHER, LEON  
1 SE 3RD AVE, STE 960  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
STD  
BIRBRAGHER, SUSANNE  
1 SE 3RD AVE, STE 960  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

UN00000224879  
02/11/05-80016-023 150.00

**DO NOT WRITE  
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 007, 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: *Leslie Alan Rozencwaig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 305-8917270  
Date Daytime Phone #