

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 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
--	--



01172006 No Chg-P CR2ED34 (11/05)

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

8. 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 title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000470743

04/08/06-80016-025 150.00

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	

**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: Celia S. Birbragher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 305-8917270
Date Daytime Phone #