2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L96475

1. Entity Name
ARTNEXUS CORP.

Principal Place of Business	Mailing Address
12955 BISCAYNE BLVD SUITE 410 MIAMI, FL 33181	12955 BISCAYNE BLVD SUITE 410 MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

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

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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, 2007 Fee will be $550.00

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

U00000586526
01/23/07-80082-022 158.75

10.   OFFICERS AND DIRECTORS

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

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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: _____   1/16/07   (305)891 7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #