

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
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**



01282008 No Chg-P CR2E034 (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

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

1100000868142

04/08/08-80038-025 150.00

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	

**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 another like empowered.

SIGNATURE: x

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

3/20/08 305-8917270 #110

Date

Daytime Phone #