

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M22361

1. Entity Name
ARTCO STORE FIXTURES, INC.



Principal Place of Business
**5851 NW 35TH AVE
MIAMI, FL 33142 US**

Mailing Address
**5851 NW 35TH AVE
MIAMI, FL 33142 US**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2595842

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, MANUEL
5851 NW 35TH AVE
MIAMI, FL 33142**

**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 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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROMEY, IRAN D
11879 SW 45TH ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTMS
ROMERO, MANUEL
3500 SW 111TH AVE
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VICTORIA, LUIS
10724 SW 118 PL
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000666139
03/23/07-80057-020 158.75

**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:

Manuel Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 (305) 638 1785
Date Daytime Phone #