

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M63364

Entity Name: ARTRANS INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O ELOISE S. COOKE  
19751 WHISPERING PNS. RD.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELOISE S. COOKE  
19751 WHISPERING PNS. RD.  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 65-0040765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOKE, ELOISE S.  
19751 WHISPERING PNS. RD.  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COOKE, ELOISE S.  
Address: 19751 WHISPERING PNS. RD  
City-St-Zip: MIAMI, FL 55157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE ELOISE SOMERS

PD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date