

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 029 ***150.00

DOCUMENT # M77558 1. Entity Name ARTIVEST INC.			
Principal Place of Business 1325 NW 93 CT #B-108 HIALEAH, FL 33016 US		Mailing Address 1325 NW 93 CT #B-108 HIALEAH, FL 33016 US	
2. Principal Place of Business <i>1880-90 PALM AVE</i>		3. Mailing Address <i>1325 NW 93 CT</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i># B-108</i>	
City & State <i>HIALEAH, FL 33010</i>		City & State <i>MIAMI, FL</i>	
Zip <i>33010</i>		Zip <i>33172</i>	
Country <i>US</i>		Country <i>U.S.</i>	
4. FEI Number 59-1814727		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY, CARLOS A 10570 NW 27 ST SUITE 103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name <i>TRIAY, CARLOS A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3750 NW 87 AVE SUITE 100</i> City <i>DOCAL</i> FL Zip Code <i>33178</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PRISCILLA 1325 NW 93 CT., #B-108 MIAMI, FL 33172	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GONZALEZ, REYNALDO 1325 NW 93 CT., #B-108 MIAMI, FL 33172	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, JOSE E 1325 NW 93 CT., #B-108 MIAMI, FL 33172	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: <i>REYNALDO GONZALEZ V.P.</i>		Date <i>01-17-06</i> Daytime Phone # <i>305-436-0807</i>	