

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002059

1. Entity Name
ARTWORKS ASSOCIATES II, INC.



Principal Place of Business
**4180 SW 74TH COURT
MIAMI, FL 33155**

Mailing Address
**8704 S.W. 79 PLACE
MIAMI, FL 33143**



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRAUSE, JANE N
8704 S.W. 79TH PLACE
MIAMI, FL 33143**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000823343
02/20/08-80032-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KRAUSE, JANE N
STREET ADDRESS	8704 SW 79TH PLACE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VPD
NAME	REILLY, JANE
STREET ADDRESS	3926 UTOPIA COURT
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VPD
NAME	BEHRMANN, JUDITH
STREET ADDRESS	8225 SW 106 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SAT
NAME	POLONYI, JULIA
STREET ADDRESS	10478 SW 80 STREET
CITY-ST-ZIP	MIAMI, FL 33173
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone