

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001973

Entity Name: ARTZ-N-THE-HOOD, INC.

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

CARRIER MEEK CENTER
1300 NW 50TH CENTER
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

FLORENE NICHOLS
4120 NW 8TH AVE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0499649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, FLORENE
4120 NW 8TH AVE
MIAMI, FL 33127 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICHOLS, FLORENE
Address: 4120 NW 8TH AVE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: NELSON, ROSETTA
Address: 2280 NW 187 ST
City-St-Zip: MIAMI, FL 33132

Title: TD () Delete
Name: CAREY-SIMMONS, VICTORIA
Address: 15460 NE 13TH AVE
City-St-Zip: MIAMI, FL 33167

Title: DP () Delete
Name: LEVINE, I STANLEY PA
Address: 1110 BRICKELL AVE, 7TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: CD () Delete
Name: HUNT, VERONICA
Address: 435 NW 87 ST
City-St-Zip: MIAMI, FL 33136

Title: VP () Delete
Name: POITIER, JOSEPH DR
Address: 1284 NE 92ND ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENE LITTHCUT NICHOLS

D

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date