# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2004**
**Secretary of State**

DOCUMENT# N96000005150

**Entity Name:** THE ARTISTIC ACHIEVEMENT FOUNDATION, INC.

**Current Principal Place of Business:**

2810 NE 201 TERR.
APT. 213
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2810 NE 201 TERR.
APT. 213
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number: 65-0698711** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KATSMAN, MARK
9350 S. DIXIE HWY., PH2
MIAMI, FL 33156 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: PD ( ) Delete
Name: KHACHATURIAN, ANGELA
Address: 210-174 STREET #1209
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: DVP ( ) Delete
Name: ARTISBACHEV, VLADIMIR
Address: 210-174 STREET, #1209
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: VPD ( ) Delete
Name: ARTSIBACHEV, NINA
Address: 210-174 STREET, #1209
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: ST ( ) Delete
Name: SOCOLOVA, MARINA
Address: 210-174 STREET, #1209
City-St-Zip: SUNNY ISLES, FL 33160

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NINA ARTSIBACHEV VP 03/04/2004
Electronic Signature of Signing Officer or Director — Date