

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001332

FILED  
Jul 06, 2007  
Secretary of State

**Entity Name:** ARTEMIS PERFORMANCE NETWORK, INC.

**Current Principal Place of Business:**

801 SW 3 AVE #206  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 01-2346  
MIAMI, FL 33101 US

**New Mailing Address:**

2033 CALAIS DR #4  
MIAMI BEACH, FL 33141 US

**FEI Number:** 65-0921425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CARABALLO, SUSAN  
2033 CALAIS DRIVE #4  
MIAMI BEACH, FL 33141 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: CARABALLO, SUSAN  
Address: 2033 CALAIS DRIVE #4  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD ( ) Delete  
Name: CHAVEZ, EVER  
Address: 7735 ABBOTT AVE #2B  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: KRAMER, OSCAR  
Address: 1351 MERIDIAN AVE #2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SDT ( ) Delete  
Name: PEREZ, ANA MARIA  
Address: 1758 SW 23 ST  
City-St-Zip: MIAMI, FL 33145

**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 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: SUSAN CARABALLO

PD

07/06/2007

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

\_\_\_\_\_  
Date