

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

2008
FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000022675

1. Entity Name
ARTIST'S EYE, INC.



Principal Place of Business
**2715 NORTH OCEAN BLVD., STE. 14F
FT. LAUDERDALE, FL 33308**

Mailing Address
**2715 NORTH OCEAN BLVD., STE. 14F
FT. LAUDERDALE, FL 33308**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1096728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BLVD., STE. 905
FT. LAUDERDALE, FL 33304**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEISTNER, TIMOTHY DR.
STREET ADDRESS	2715 NORTH OCEAN BLVD., STE. 14F
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/15/08-80050-025 150.00

**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 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: *Timothy Leistner*

SIGNATURE AND OFFICIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY LEISTNER

Date

04-19-08

Daytime Phone #

954

554-7153