

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

DOCUMENT # P00000059745

1. Entity Name

JOEL S. CURTIS SURREALIST ART, INC.



Principal Place of Business

918 OCEAN DRIVE
APT. 207
MIAMI BEACH, FL 33139

Mailing Address

918 OCEAN DRIVE
APT. 207
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1020163

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIG, DAVID S
2837 SW 3RD AVE.
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name **BRIAN K. GOLDENBERG.**
Street Address (P.O. Box Number is Not Acceptable) **ONE TURNBERRY
PLACE. 19495 BISCAYNE BLVD. #705**
City **AVENTURA** FL Zip Code **33180**

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 \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CURTIS, JOEL S**
STREET ADDRESS **918 OCEAN DRIVE #207**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL CURTIS. 09.01.06