

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90068 044 ***150.00

DOCUMENT # P00000113260

1. Entity Name
ART 2000, INC.



Principal Place of Business
**13969 SW 44 LANE CIRCLE
UNIT D
MIAMI, FL 33175**

Mailing Address
**6800 BIRD ROAD
#469
MIAMI, FL 33155**

60412231



2. Principal Place of Business
1547 SW 136 PLACE

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02012006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
65-1065236

Applied For
Not Applicable

Zip
33184

Country
MIAMI DADE

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALAS, ARNALDO
13969 SW 44 LANE CIRCLE
UNIT D
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name
SALAS, ARNALDO

Street Address (P.O. Box Number is Not Acceptable)

1547 SW 136 PLACE

City
MIAMI

FL

Zip Code
33184

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)

2/1/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SALAS, ARNALDO
13969 SW 44 LANE CIRCLE UNIT D
MIAMI, FL 33175**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SALAS, ARNALDO
1547 SW 136 PLACE
MIAMI, FL 33184**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

2/1/06

Date

305/389-8330

Daytime Phone #