


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000012328  
 1. Entity Name  
 HARTWELL FINE ART, INC.



Principal Place of Business  
 4010 SHERIDAN STREET  
 HOLLYWOOD, FL 33021 US

Mailing Address  
 4010 SHERIDAN STREET  
 HOLLYWOOD, FL 33021 US

**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-1071051

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEINGER, MISTY  
 4010 SHERIDAN STREET  
 HOLLYWOOD, FL 33021

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTMAN, GAIL
STREET ADDRESS	4010 SHERIDAN STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	BRAND, AARON
STREET ADDRESS	4010 SHERIDAN STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000879586  
 04/15/08-80027-003 150.00

**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, without other like empowerment.

SIGNATURE: Gail Altman Date: 3/26/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #