


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000040004**

1. Entity Name  
ARTSESA, CORP.



Principal Place of Business  
7360 SW 24TH ST, #34  
MIAMI, FL 33155

Mailing Address  
7360 SW 24TH ST, #34  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1113475**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ-CASTRO, AMADEO III  
901 PONCE DE LEON BLVD, SUITE 304  
CORAL GABLES, FL

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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, 2004 Fee will be \$550.00**

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

U000000064605  
02/25/04-80002-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SESANA, GIOVANNI
STREET ADDRESS	600 BILTMORE WAY AP 1008
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	VS
NAME	SESANA, ALFREDO
STREET ADDRESS	450 COSTANERA RD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ALFREDO SESANA 2/25/04 305-740-9011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #