≠ 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 08:00 AM **DOCUMENT # P02000034567 Secretary of State** 1. Entity Name ARTÍCPOLO, INC. Principal Place of Business Mailing Address 682 NW 136 AVE MIAMI, FL 33182 682 NW 136 AVE MIAMI, FL 33182 01052007 Na Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1956232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MIGENES, PEDRO DO NOT WRITE 1025 NW 128TH PLACE MIAMI, FL 33182 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent eignature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MIGENES, PEDRO STREET ADDRESS 682 NW 136 AVE. U00000577867 /N9/07-80006-016 150.00 CITY-ST-ZIP MIAMI, FL 33182 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 attantimen) with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP...

01-06-07