

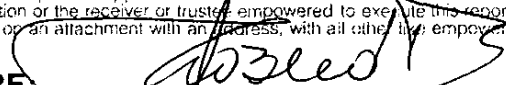
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90018 030 ***150.00

DOCUMENT # P02000097510			
1. Entity Name ARTECH REFINISH, INC.			
Principal Place of Business 1000 NW 80 CT #2119 HIALEAH FL 33016		Mailing Address 1000 NW 80 CT #2119 HIALEAH FL 33016	
2. Principal Place of Business - No P.O. Box # 10000 NW 80 CT		3. Mailing Address	
Suite, Apt. #, etc. 2119		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS		City & State	
Zip 33016	Country FL.	Zip	Country
6. Name and Address of Current Registered Agent ROBIELO, JORGE 1000 NW 80 CT #2119 HIALEAH GARDENS FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBOR, RICARDO J 1000 NW 80 CT #2119 HIALEAH GARDENS FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 titles empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number