

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000128507

1. Entity Name
ART OF DOING PUBLISHING, INC.



Principal Place of Business
**1550 NE MIAMI GARDENS DR.
SUITE 305
NORTH MIAMI BEACH, FL 33179 US**

Mailing Address
**1550 NE MIAMI GARDENS DR.
SUITE 305
NORTH MIAMI BEACH, FL 33179 US**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0657053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, GENE S
1550 NE MIAMI GARDENS DR., SUITE 305
N. MIAMI BCH, FL 33179**

**DO NOT WRITE
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 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)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ROSEN, REBECCA
1550 NE MIAMI GARDENS DR., #305
MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PECKMANN, MICHAEL
1550 NE MIAMI GARDENS DR., #305
MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROSEN, GENE S
1550 NE MIAMI GARDENS DR., #305
MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000916556
05/13/08-80005-025 150.00

**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, with all other like empowered.

SIGNATURE: **GENE S. ROSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

305-942-2113
Daytime Phone #