

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000032175**

1. Entity Name  
**ARCHITISTIC INC.**



Principal Place of Business  
**8700 N.W. 49TH DRVIE  
CORAL SPRINGS, FL 33067**

Mailing Address  
**8700 N.W. 49TH DRVIE  
CORAL SPRINGS, FL 33067**

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**45-0505862**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NARDONE, MADELINE  
8700 N.W. 49TH DRVIE  
CORAL SPRINGS, FL 33067**

**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 changing)

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**

U00000894689

04/24/08-80036-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NARDONE, MADELINE
STREET ADDRESS	8700 N.W. 49TH DRVIE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/08**

**9543441357**

Date

Daytime Phone #