


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90445 032 ***158.75

DOCUMENT # P03000058436	
1. Entity Name ARTISTIC DESIGN OF FLORIDA, INC.	

Principal Place of Business 931 FALLING WATER WESTON, FL 33326	Mailing Address 931 FALLING WATER WESTON, FL 33326
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2. Principal Place of Business 2040 Pompeii Ct	3. Mailing Address 2040 Pompeii Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston Florida	City & State Weston Florida
Zip 33327	Country USA
Zip 33327	Country USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0693471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARCILA, ANGELA 931 FALLING WATER WESTON, FL 33326	
2040 Pompeii Ct Weston Florida 33327	

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCILA, ANGELA 931 FALLING WATER WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 2040 Pompeii Ct. Weston Florida 33327
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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: <u>Angela Arcila</u>	Date: <u>4/18/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

ATTACHMENT
50014943

ANNUAL REPORT NOTICE

0682005 01 AV 0.176 **AUTO T2 0 1201 33326-355631



ARTISTIC DESIGN OF FLORIDA, INC.
931 FALLING WATER
WEST

ARCI931 333265253 1705 16 01/07/06
NOTIFY SENDER OF NEW ADDRESS
ARCILA
2040 POMPEII CT
WESTON FL 33327-1912



*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P03000058436**

ARTISTIC DESIGN OF FLORIDA, INC.
931 FALLING WATER
WESTON FL 33328-3555



TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART.

CR2E095 - 1st 10/05