

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 001 ***150.00

DOCUMENT # P03000079634

1. Entity Name
ARTERIA, INC.



Principal Place of Business
3900 NORTH MIAMI AVENUE
1
MIAMI, FL 33137

Mailing Address
3900 NORTH MIAMI AVENUE
1
MIAMI, FL 33137



2. Principal Place of Business

11095 NE 8th Ave

Suite, Apt. #, etc.
BISCAYNE PARK

City & State
MIAMI, FL

Zip
33161

Country

3. Mailing Address

11095 NE 8th Ave

Suite, Apt. #, etc.
BISCAYNE PARK

City & State
MIAMI, FL

Zip
33161

Country
USA

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0098440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVAS, DAVID
3900 NORTH MIAMI AVENUE
1
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
DAVID NAVAS

Street Address (P.O. Box Number is Not Acceptable)

11095 NE 8th Ave

BISCAYNE PARK, FL

City
MIAMI

FL

Zip Code
33161

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.

DAVID NAVAS

(NOTE: Registered Agent signature required when reinstating)

04/29/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
NAVAS, DAVID
3900 NORTH MIAMI AVENUE # 1
MIAMI, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

04/29/04

Date

(705) 992-2284

Daytime Phone #