

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90244 006 \*\*\*150.00

<b>DOCUMENT # P03000158412</b> 1. Entity Name <b>ARTISTIC SIGNS OF MIAMI INC</b>			
Principal Place of Business <b>10001 W FLAGLER ST #B-242</b> <b>MIAMI, FL 33174</b>		Mailing Address <b>10001 W FLAGLER ST #B-242</b> <b>MIAMI, FL 33174</b>	
2. Principal Place of Business - No P.O. Box # <b>652 SW 128 AVENUE</b>		3. Mailing Address <b>1052 SW 128 AVENUE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33184</b>		Zip <b>33184</b>	
Country 		Country 	
4. FEI Number <b>20-0546656</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERNAL, NELSON</b> <b>10001 W FLAGLER ST #B-242</b> <b>MIAMI, FL 33174</b>		7. Name and Address of New Registered Agent Name <b>BERNAL, NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1052 SW 128 AVENUE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33184</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNAL, NELSON 10001 W FLAGLER ST #B-242 MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNAL NELSON 1052 SW 128 AVE MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNAL CELINA 10001 W FLAGLER ST #B-242 MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNAL CELINA 1052 SW 128 AVE MIAMI FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		4-2-07 305-221-9797	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	