

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 041 ***150.00

DOCUMENT # P04000000659

1. Entity Name

FLO ART, INC.



Principal Place of Business

1811 GREGORY RD
W PALM BCH, FL 33406

Mailing Address

1811 GREGORY RD
W PALM BCH, FL 33406

50036160

2. Principal Place of Business

910 NORTH DIXIE HWY

3. Mailing Address

910 NORTH DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

Zip

33460

Country

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0491984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 S FLAGLER DR STE 400
W PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME YLIPKONEN, RISTO
STREET ADDRESS 1811 GREGORY RD
CITY-ST-ZIP W PALM BCH, FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P / T ☐ Change ☒ Addition
NAME MARTTI YLIPKONEN
STREET ADDRESS 524 NW 7 CT
CITY-ST-ZIP BOYNTON BEACH, FL, 33426

TITLE V / S ☐ Change ☒ Addition
NAME MARJO YLIPKONEN
STREET ADDRESS 1811 GREGORY RD
CITY-ST-ZIP WEST PALM BEACH, FL, 33406

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

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

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

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

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:

Martti Ylipkonen

MARTTI YLIPKONEN 4-8-2005 561-585-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #