

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022064

FILED
Mar 29, 2005
Secretary of State

Entity Name: ARTESUB, INC.

Current Principal Place of Business:

435 21ST STREET
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

119 WASHINGTON AVE, STE 500
MIAMI BEACH, FL 33139 US

Current Mailing Address:

119 WASHINGTON AVE., STE 500
MIAMI BEACH, FL 33139

New Mailing Address:

119 WASHINGTON AVE., STE 500
MIAMI BEACH, FL 33139 US

FEI Number: 20-0710189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERI, MAURIZIO
435 21ST STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CAVALIERI, MAURIZIO
119 WASHINGTON AVENUE STE 500
MIAMI BEACH, FL 33139 US

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.

SIGNATURE:

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: CAVALIERI, MAURIZIO
Address: 435 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T,S () Delete
Name: CAVALIERI, MAURIZIO
Address: 435 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: GASPERINA MONTIN, KATIA A
Address: 1548 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURIZIO CAVALIERI

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date