


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90322 043 ***150.00

DOCUMENT # P04000025447 1. Entity Name ARTCAD, INC.																													
Principal Place of Business 301 SE 3RD STREET APT 407 DANIA, FL 33004			Mailing Address 301 SE 3RD STREET APT 407 DANIA, FL 33004																										
2. Principal Place of Business 361 E. SHERIDAN ST. Suite, Apt. #, etc. 208			3. Mailing Address Suite, Apt. #, etc. 																										
City & State DANIA FL			City & State 																										
Zip 33004		Country USA		4. FEI Number 20-0706662																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent DE LA CUEVA, ADRIANA 301 SW 3RD STREET APT 407 DANIA, FL 33004			7. Name and Address of New Registered Agent Name ADRIANA DE LA CUEVA Street Address (P.O. Box Number is Not Acceptable) 361 E. SHERIDAN ST. # 208 City DANIA FL Zip 33004																										
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 <u>Adriana de la Cueva</u> <u>[Signature]</u> <u>03/08/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P.D.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE LA CUEVA, ADRIANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>301 SE 3RD ST APT 407</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DANIA, FL 33004</td> <td></td> </tr> </table>			TITLE	P.D.	<input type="checkbox"/> Delete	NAME	DE LA CUEVA, ADRIANA		STREET ADDRESS	301 SE 3RD ST APT 407		CITY-ST-ZIP	DANIA, FL 33004		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P.D. ADRIANA DE LA CUEVA</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ADRIANA DE LA CUEVA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>361 E. SHERIDAN ST #208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DANIA FL 33004</td> <td></td> </tr> </table>			TITLE	P.D. ADRIANA DE LA CUEVA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ADRIANA DE LA CUEVA		STREET ADDRESS	361 E. SHERIDAN ST #208		CITY-ST-ZIP	DANIA FL 33004	
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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: <u>Adriana de la Cueva</u> <u>03/08/2005</u> <u>(954) 554-4271</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													