2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000025447 1. Entity Name ARTCAD, INC.					0	4-18-2005 903:	22 043 ***150.0)
Principal Place 301 SE 3RD APT 407 DANIA, FL 3	STREET	Mailing Address 301 SE 3RD STREET APT 407 DANIA, FL 33004				EAN AIRTH FORK ORNI CONT A	1979 naar ween waar PCS It 188	7508
2. Principal P	lace of Business E. SHEN'DAN ST	3. Mailing Address						
Suite, Apt. #, etc. 208		Suite, Apt. #, etc.		030	82005	Chg-P	CR2E034 (10/03)	
City & State	NIA 9C.	City & State		4 . F	El Number 	07.06.662	Ap	plied For t Applicable
^{Zip} 3300	OY Country A.	Zip	Country	5. C	ertificate o	f Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent	- I-	7. N	ame and A	Address of New Reg	gistered Agent	
DE LA CIU	EVA ADDIANA		Name	AUGHNA	AR .	LA CUEU	$oldsymbol{\wedge}$	
DE LA CUEVA, ADRIANA 301 SW 3RD STREET St				et Address (CO. Box Nurtiber E. Nat Acceptable)				
APT 407 DANIA, FL	33004		**	# 208				
				City DAVIA FL Zip39204				
	named entity submits this statement to	or the purpose of changing its	registered office or	registered age	ent, or both	, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE	Adriana de la Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ure required when rei	nstating)	03	08/1005	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 M Added to F				
10.	OFFICERS AND	DIRECTORS	11.	ADI	DITIONS/C	HANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
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	· '	Detete		361 E.	SHE	A WEUA M'DAN ST 33004	# 208	
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2. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Profide Statutes, 1 furner 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:

Adriana de

la Cueva 03 08 2005

(954) 554.42

Daytime Phone #