2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000142795

1. Entity Name

LUCY ARTILES INTERIORS, INC.



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Plac	e of Business	Mailing Address						
1901 BRICKELL AVE #B810 MIAMI FL 33129		1901 BRICKELL AVE #B810 MIAMI FL 33129						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					II MININ 146U INNIN 1	### # ## 1 ##
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FEI Number 76-0790254 Applied For Not Applicable				
Zip Country		Zip Counti		lry	5. Certificate of Status Desired See		\$8.75 Fee Red	Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
				Name				
ARTILES, LUCY 1901 BRICKELL AVE #B810 MIAMI FL 33129		•		Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zp	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 panel name of registered agent and the Europicacio. (NOTE Registered Agent aggnoture required when remediating). DATE								
			E Registered	i Agent signature required	when reinstatir g)	D	ATE	
FILE NOW!!! FEE IS \$150.00 File Now!! FEE IS						9. Election Campaign Fin Trust Fund Contribute		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	<u> </u>	ADDITIONS	/CHANGES TO OFFICERS	AND DIRECT	TORS IN 11
TITLE	DPST	☐ Delete	TITLE				☐ Char	nge 🔲 Addition
NAME	ARTILES, LUCY		NAME					
STREET ADDRESS	1901 BRICKELL AVE #B810			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33129		CITY-	ST - ZIP				
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STREET ADDRESS				T ADDRESS				ı
CITY - ST - ZIP				ST-ZIP				
 I hereby of indicated 	certify that the information supplied wit	h this filing does not qualify f	or the ex	emptions contained	d in Section 11	9, Florida Statutes. I furthe	r certify that t	the information

inducation on units report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 altechment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cy ARtiles 4/14/0

Daytime Phone #