

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90062 026 ***150.00

DOCUMENT # P04000164781	
1. Entity Name ARTAIRES INC	

Principal Place of Business 430 76 STREET #2 MIAMI BEACH, FL 33141	Mailing Address 430 76 STREET #2 MIAMI BEACH, FL 33141
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66010343



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1969740	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, YESICA 430 76 STREET #2 MIAMI BEACH, FL 33141		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P REGGIANI, NESTOR 430 76 STREET #2 MIAMI BEACH, FL 33141 ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V ALTAMIRANDA, IRMA E 430 76 STREET #2 MIAMI BEACH, FL 33141 ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GONZALEZ, YESICA 430 76 STREET #2 MIAMI BEACH, FL 33141 ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	☐ Change ☐ Addition

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____