

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90037 013 ***150.00

DOCUMENT # P05000019924

1. Entity Name

MARYSE ART CORPORATION



Principal Place of Business

1724 SW 154 PATH
MIAMI FL 33185

Mailing Address

1724 SW 154 PATH
MIAMI FL 33185



2. Principal Place of Business - No P.O. Box #

3565 GRAYCLIFF ROAD

3. Mailing Address

3565 GRAYCLIFF ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SNELLVILLE

City & State

GEORGIA SNELLVILLE

Zip

30039

Country

USA

Zip

30039

Country

USA

4. FEI Number

20-2243873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DYKE, ARTHUR
1724 SW 154 PATH
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

ARTHUR VAN DYKE

Street Address (P.O. Box Number is Not Acceptable)

3565 GRAYCLIFF ROAD 1724 SW 154 PATH

SNELLVILLE MIAMI,

City

FL

Zip Code

33185

8. The above named entity submits the 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

Arthur Van Dyke

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

2/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	P	<input type="checkbox"/> Delete
NAME	VAN DYKE, ARTHUR	
STREET ADDRESS	1724 SW 154 PATH	
CITY ST - ZIP	MIAMI FL 33185	
NAME	V	<input type="checkbox"/> Delete
NAME	VAN DYKE, MARYSE	
STREET ADDRESS	1724 SW 154 PATH	
CITY ST - ZIP	MIAMI FL 33185	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST - ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST - ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Arthur Van Dyke

ARTHUR VAN DYKE

DATE

2/22/07

770-978-9653

Daytime Phone #