

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90068 003 ***150.00

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|--|---|--|---|
| DOCUMENT # P05000086612 1. Entity Name ARTEMIO CORP. | |  | |
| Principal Place of Business TOMAS GONZALES 1420 NE 138 ST N MIAMI, FL 33161 | | Mailing Address 1420 NE 138 ST NORTH MIAMI, FL 33161 | |
| 2. Principal Place of Business - No P.O. Box # 1420 N.E. 138 ST. | | 3. Mailing Address 1420 N.E. 138 ST. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State NORTH MIAMI FLORIDA Zip 33161 Country USA | | City & State NORTH MIAMI FLORIDA Zip 33161 Country USA | |
| 4. FEI Number 34-2050875 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALES, TOMAS 1420 NE 138 ST N MIAMI, FL 33161 | | 7. Name and Address of New Registered Agent 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: <u><i>Tomas Gonzales</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-1-08</u> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GONZALES, TOMAS 1420 NE 138 ST N MIAMI, FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Tomas Gonzales</i></u> TOMAS GONZALES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4-1-08</u> Daytime Phone #: <u>305-934-0371</u> | |