

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000089349	
1. Entity Name MARIE STUDIALE ARTOUNIAN, P.A.	

Principal Place of Business 4103 TAYLOR STREET HOLLYWOOD, FL 33021	Mailing Address 4103 TAYLOR STREET HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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01292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3073659	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 ARTOUNIAN, MARIE S 4103 TAYLOR STREET HOLLYWOOD, FL 33021	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ARTOUNIAN, MARIE S 4103 TAYLOR STREET HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition U00000907382 05/06/08-80011-011 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	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 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: *Marie S Artounian* **Marie Artounian** 4/18/08 954 989-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #