## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P05000146734 1. Entity Name 05-01-2006 90330 006 \*\*\*150.00 ARTWORK CONSTRUCTION, INC. Principal Place of Business Mailing Address 10790 SW 143RD TERRACE 10790 SW 143RD TERRACE MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State <u> 20 - 3726899</u> Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 9900 S W 168 STREET SUITE #9 MIAMI, FL 33157 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** ☐ Delete TITLE ☐ Change ☐ Addition RICHARDSON, ARTHUR L NAME NAME STREET ADDRESS 10790 SW 143RD TERRACE STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RICHARDSON, ARTHUR L NAME STREET ADDRESS 10790 SW 143RD TERRACE STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP 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

**FILED** 

May 01, 2006 8:00 am

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. RICHARDSON 4/28/06 305-256-737 8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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