

2007 FOR PROFIT CORPORATION ANNUAL REPORT


02-15-2007 90054 008 ***150.00

FILED

07 JUL 20 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P06000017607		
1. Entity Name ARTECH 218 CORP.		

Principal Place of Business 318 INDIAN TRACE #177 WESTON, FL 33326	Mailing Address 318 INDIAN TRACE #177 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02072007 Chg-P CR2E034 (12/08)

4. FEI Number 30-4302848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORIEGA, JOSE G 318 INDIAN TRACE #177 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NORIEGA, JOSE G 318 INDIAN TRACE #177 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUERRERO, LINDA 318 INDIAN TRACE #177 WESTON, FL 33326 <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 laws empowered.

SIGNATURE: <i>Jose Gregorio Noriega</i>	Date: <i>02/07/07</i>
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Document corrected per Roberto J. Suarez. Corp did not receive vix ltr. ps