

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90007 016 ***150.00

DOCUMENT # P06000103561
 1. Entity Name
ARTISTIC GROUP PROPERTIES, INC



Principal Place of Business 100 SE 2ND ST 2311 MIAMI, FL 33131	Mailing Address PO BOX 431325 MIAMI, FL 33243
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2. Principal Place of Business - No P.O. Box # 1390 S. Dixie Hwy	3. Mailing Address SAME
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Suite, Apt. #, etc. 1108	Suite, Apt. #, etc.
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City & State CORAL GABLES	City & State
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Zip 33146	Country MIAMI DADE	Zip	Country
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02082008 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20-5342394	Applied For Not Applicab
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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

GABEL, DEBRA
 100 SE 2ND ST
 2311
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **DEBRA GABEL**
 Street Address (P.O. Box Number is Not Acceptable)
1390 S. Dixie Hwy, Suite 1108
 City **CORAL GABLES FL** Zip Code **33146**

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 Debra Gabel (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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GABEL, DEBRA	
STREET ADDRESS	PO BOX 431325	
CITY-ST-ZIP	MIAMI, FL 33243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	
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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 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 Debra Gabel 2/12/08 205-442-2511