

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099853

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

**Entity Name:** FOUNDATION ART SERVICES, INC.

**Current Principal Place of Business:**

2533 S PARK RD  
PEMBROKE PK, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1611 N 29TH AVE  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 26-1103117      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERO, THOMAS A  
1888 ANDROMEDA LANE  
WESTON, FL 333272220 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** DOHERTY, NICHOLAS A  
**Address:** 2533 SOUTH PK RD  
**City-St-Zip:** PEMBROKE PK, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** DOHERTY, NICHOLAS A  
**Address:** 2533 SOUTH PK RD  
**City-St-Zip:** PEMBROKE PK, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NICHOLAS DOHERTY

PRES

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date