

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020550

**Entity Name:** P.B. ART FRANCHISE, INC.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3223 LAKE AVENUE, SUITE 15C  
WILMETTE, IL 60091

**New Principal Place of Business:**

3223 LAKE AVE.  
15C  
WILMETTE, IL 60091

**Current Mailing Address:**

3223 LAKE AVE.  
15C  
WILMETTE, IL 60091

**New Mailing Address:**

**FEI Number:** 26-2050026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PORIKOS-GORGEES, ELIZABETH  
5821 LEGACY CRESCENT PL.  
103  
RIVERVIEW, FL 33569 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORIKOS-GORGEES, ELIZABETH  
Address: 3223 LAKE AV. UNIT 15C  
City-St-Zip: WILMETTE, IL 60091

Title: D  
Name: GORGEES, SALIM  
Address: 3223 LAKE AV. UNIT 15C  
City-St-Zip: WILMETTE, IL 60091

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH PORIKOS- GORGEES

P

02/28/2012

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

\_\_\_\_\_  
Date