

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000025161**

1. Entity Name  
ART-HOUND FRAMING, INC.



Principal Place of Business  
5315 WEST PARK RD.  
HOLLYWOOD, FL 33021

Mailing Address  
5315 WEST PARK RD.  
HOLLYWOOD, FL 33021

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**



04102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0402625

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ALTERMAN, DOROTHY  
5315 WEST PARK RD.  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 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
NAME	ALTERMAN, DOROTHY
STREET ADDRESS	5315 W PARK ROAD
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	ALTERMAN, EUGEN
STREET ADDRESS	5315 W PARK ROAD
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000303998  
04/14/05-80025-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Eugen Alterman (Eugene Alterman)* 4/10/05 1954) 767-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #