

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **P93000084905**

1. Entity Name

AMERICAN ART SIGNS INC



FILED

11 JUN 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
4679 S.W. 45 STREET

3. Mailing Address
4679 S.W. 45 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
65-0455430

Applied For
Not Applicable

Zip
33314

Country
USA

Zip
33314

Country
USA

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

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7. Name and Address of Current Registered Agent

Name
DANIEL A MODAS

Street Address (P.O. Box Number is Not Acceptable)

1215 SE 2 AVENUE # 202

City
FT LAUDERDALE FL Zip Code
33316

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 the \$ applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$650.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

E-mail Address:
PFAI@BELLSOUTH.NET
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
ANTHONY SANCHEZ
3080 SW 47 STREET
FT LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/06/11--01007--005--**150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/17/2011 954.792.1044

6/23