




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90017 044 \*\*\*150.00

<b>DOCUMENT # P94000065795</b> 1. Entity Name <b>ARTIM CORPORATION</b>			
Principal Place of Business <b>6344 RALEIGH ST APT 1102 ORLANDO, FL 32835-5619</b>		Mailing Address <b>1780 HOWDYSHELL RD DAYTONA BEACH, FL 32119-5510</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>5809 TEXAS AVE</b> City & State <b>Orlando Florida</b> Zip <b>32839</b> Country <b>Orange</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>59-3302848</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATEL, MUKUND K 6344 RALEIGH ST APT 1102 ORLANDO, FL 32835-5619</b>		7. Name and Address of New Registered Agent Name <b>PATEL MUKUND. K</b> Street Address (P.O. Box Number is Not Acceptable) <b>4338 CONROY CLUB DR</b> <b>Orlando</b> City <b>FL</b> Zip Code <b>32835</b>	
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  <small>Signature, typed or printed name of Registered Agent is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1-6-05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, MUKUND K 6344 RALEIGH ST #1102 ORLANDO, FL 328355619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL MUKUND. K 4338 CONROY CLUB DR Orlando FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>1-6-05</b> Daytime Phone # <b>407-701-0381</b>	