2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000084377

1. Entity Name
ARTISTIC DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316	3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316

02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554995
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KHOURY, SALIM
3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000130667
04/26/04-80126-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KHOURY, SALIM
STREET ADDRESS	3233 SOUTH ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	SHAMIEH, CHARLIE
STREET ADDRESS	3233 S ANDREWS AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	SHAMIEH, JIM
STREET ADDRESS	32333 S ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	SHAMIEH, SHAWKI
STREET ADDRESS	3233 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	TD
NAME	SHAMIEH, NABIL
STREET ADDRESS	3233 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	VP
NAME	KHOURY, DEBORAH
STREET ADDRESS	3233 S ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

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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: X _____ President 4/20/04 (954) 523-2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #