

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000084377**

1. Entity Name  
**ARTISTIC DEVELOPMENT CORPORATION**



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

Mailing Address  
**3233 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316**



02122007 No Chg-P CR2E034 (11/05)

**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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000754181  
05/22/07-80051-008 150.00**

**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

**DO NOT WRITE  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Salim Khoury  
President**

**4/26/07**

Date

**(954) 523-5270**

Daytime Phone #