

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000084377 1. Entity Name ARTISTIC DEVELOPMENT CORPORATION	
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Principal Place of Business 3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316	Mailing Address 3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

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

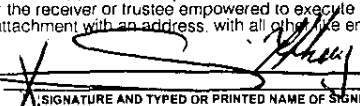
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KHOURY, SALIM 3233 SOUTH ANDREWS AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAMIEH, CHARLIE 3233 S ANDREWS AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAMIEH, JIM 32333 S ANDREWS AVENUE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAMIEH, SHAWKI 3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAMIEH, NABIL 3233 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KHOURY, DEBORAH 3233 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316

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05/20/08-80082-025 150.00

**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 officers empowered.

SIGNATURE:  **S.T. Khoury**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President **04/28/08** **(954) 523-5270**
Date Daytime Phone #