

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000042998

1. Entity Name
FACTORY OF MODERN ART, INC.



Principal Place of Business
100 N. BISCAYNE BOULEVARD
SUITE 2100
MIAMI, FL 33132

Mailing Address
100 N. BISCAYNE BOULEVARD
SUITE 2100
MIAMI, FL 33132

FILED
Sep 11, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0667937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEYDASCH, AXEL
100 N BISCAYNE BLVD
STE 2100
MIAMI, FL 33133

**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 \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARGARTEN, MANFRED
STREET ADDRESS 100 N. BISCAYNE BOULEVARD, SUITE 2100
CITY-ST-ZIP MIAMI, FL 33132

TITLE D
NAME NIETZER, WOLF M
STREET ADDRESS 100 N. BISCAYNE BOULEVARD, SUITE 2100
CITY-ST-ZIP MIAMI, FL 33132

TITLE
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CITY-ST-ZIP

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000000959454
09/11/08-80001-005 550.00

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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 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

Date

Daytime Phone #

353-8400
355-