

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000074091

1. Entity Name
DESK ART, INC.



Principal Place of Business

**741 NW 54TH ST
MIAMI, FL 33127**

Mailing Address

**741 NW 54TH ST
MIAMI, FL 33127**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0692156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDMAN & FELUREN, P.A.
ONE FINANCIAL PLAZA
SUITE 1500
FT LAUDERDALE, FL 33394**

**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)

(Typed or printed name of registered agent, and title if applicable)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**TD
WYSS, THOMAS C
741 NW 54TH ST
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
HARDIKER, DAVID J
741 NW 54TH ST
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**SD
JOHNSON, BRIAN T
741 NW 54TH ST
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
LOAR, STEPHEN J
741 NW 54TH ST
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U00000155970
05/05/04-80059-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

4.28.04 305.756 7809