


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALDMAN & FELUREN, P.A. ONE FINANCIAL PLAZA SUITE 1500 FT LAUDERDALE, FL 33394				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE TD	WYSS, THOMAS C <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
TITLE PD	HARDIKER, DAVID J <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
TITLE SD	JOHNSON, BRIAN T <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
TITLE VD	LOAR, STEPHEN J <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	741 NW 54TH ST MIAMI, FL 33127		STREET ADDRESS CITY - ST - ZIP	04/22/05-80080-007 150.00	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			3/16/05 305-7567P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		