

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000066450

**1. Entity Name
ARTS CLEANING, INC.**



Principal Place of Business

**9321 NW 33 PLACE
SUNRISE, FL 33351**

Mailing Address

**9321 NW 33 PLACE
SUNRISE, FL 33351**



02212005 No Chg-P CR2E034 (10/03)

**4. FEI Number
65-0771190**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ATKINSON, ART
9321 NW 33 PLACE
SUNRISE, FL 33322**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

**TITLE D
NAME BRICE, KHAULAH
STREET ADDRESS 9321 NW 33 PLACE
CITY-ST-ZIP SUNRISE, FL 33351**

**TITLE D
NAME ATKINSON, ART
STREET ADDRESS 9321 NW 33 PLACE
CITY-ST-ZIP SUNRISE, FL 33351**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000272962
03/23/05-800009-014 150.00**

**DO NOT WRITE
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)(i), 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

3/20/05

Date

Daytime Phone #