2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90719 001 ***150.00

94080251

DOCUMENT # P98000003832

1. Entity Name
ARTISTIK KREATIONS, INC.

Principal Place of Business	Mailing Address
5900 S. TAMIAMI TRAIL, SUITE J SARASOTA, FL 34233	5900 S. TAMIAMI TRAIL, SUITE J SARASOTA, FL 34233

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
623 N. Lime Ave.	C/o 5651 Bidwell PKway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Admirals Walk # 203
City & State Sarasota, FL	City & State SARASOTA FL
Zip 34237 Country US	Zip 34232 Country US

4. FEI Number 65-0805723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VARASO, DANA 2237 BISPHAM ROAD SARASOTA, FL 34231	Name VARASO DANA Street Address (P.O. Box Number is Not Acceptable) C/o 5651 BIDWELL PKWAY ADMIRAL WALK #203 City SARASOTA FL Zip Code 34232

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 DANA VARASO [signature] 2-18-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☒ Delete	TITLE	D/P/S/T	☐ Change ☒ Addition
NAME	VARASO, DANA		NAME	VARASO, DANA	
STREET ADDRESS	5900 S. TAMIAMI TRAIL, SUITE J		STREET ADDRESS	5651 Bidwell PKway	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	ADMIRAL WALK #203	
TITLE		☐ Delete	TITLE	SARASOTA, FL 34232	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 2-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #