

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000083454

1. Entity Name

ARTICULATE DESIGN CORPORATION



Principal Place of Business

6540 N.W. 35TH AVENUE
MIAMI, FL 33147

Mailing Address

6540 N.W. 35TH AVENUE
MIAMI, FL 33147



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0475019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPCON, MITCHELL J
SUITE: 400 - ONE DATRAN CENTER
9100 SOUTH DADELAND BOULEVARD
MIAMI, FL 33156-7815

**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

U00000239674

02/22/05-80055-002 600.00

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

MARINO, KATHERYN S

STREET ADDRESS

6540 N.W. 35TH AVENUE

CITY - ST - ZIP

MIAMI, FL 33147

TITLE

D

NAME

DEVARY, DEANNA D

STREET ADDRESS

16115 S.W. 117TH AVENUE #A-8

CITY - ST - ZIP

MIAMI, FL 33177

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(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:

Kathryn S Marino, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/05

Daytime Phone #

305-836-6163