

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64609

FILED
Apr 07, 2009
Secretary of State

Entity Name: ARTISTIC HEIRLOOMS, INC.

Current Principal Place of Business:

5863 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5863 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0402261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASO, CARLOS R
1300 CORAL WAY., SUITE 301
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CASO, CARLOS R
2150 S.W. 13 AVENUE
MIAMI, FL 33145 US

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.

SIGNATURE:

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KONDRALIAN, TERENIG
Address: 8310 SW 48TH ST
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: KONDRALIAN, ROSA S
Address: 8310 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: LOUCIN, KONDRALIAN
Address: 8310 SW 18 ST
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: KONDRALIAN, PAUL CESAR
Address: 3165 SW 16TH TERR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENIG KONDRALIAN

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date