

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000084377

Entity Name: ARTISTIC DEVELOPMENT CORPORATION**Current Principal Place of Business:**3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**Current Mailing Address:**3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**FEI Number:** 65-0554995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KHOURY, SALIM
3233 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KHOURY, SALIM
Address	3233 S. ANDREWS AVE.
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	VD
Name	SHAMIEH, JIM
Address	32333 S ANDREWS AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	TD
Name	SHAMIEH, NABIL
Address	3233 S. ANDREWS AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	VD
Name	SHAMIEH, CHARLIE
Address	3233 S. ANDREWS AVENUE
City-State-Zip:	FT LAUDERDALE FL 33316

Title	VD
Name	SHAMIEH, SHAWKI
Address	3233 S. ANDREWS AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	VP
Name	KHOURY, DEBORAH
Address	3233 S. ANDREWS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33316

I hereby 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 all other like empowered.

SIGNATURE: SALIM KHOURY

PD

04/23/2018

Electronic Signature of Signing Officer/Director Detail_____
Date