

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010311

**Entity Name:** ARTSTART, INC.

**Current Principal Place of Business:**

750 CEDAR COVE RD.  
WELLINGTON, FL 33414

**Current Mailing Address:**

750 CEDAR COVE RD.  
WELLINGTON, FL 33414

**FEI Number:** 84-1665568

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARSSI, JEANNETTE P  
750 CEDAR COVE RD.  
WELLINGTON, FL 33414 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 P  
Name PARSSI, JEANNETTE P  
Address 750 CEDAR COVE RD.  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name AZNARAN, LISA M  
Address 168 DRUM HILL RD.  
City-State-Zip: WILTON CT 06897

Title D  
Name PARSSI, EMMA L  
Address 750 CEDAR COVE ROAD  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name AFSHARIMEHR, FARSHAD  
Address 750 CEDAR COVE ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name PARSSI, ALLISON M  
Address 750 CEDAR COVE RD.  
City-State-Zip: WELLINGTON FL 33414

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEANNETTE P PARSSI

**PRESIDENT**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date