2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # F05000005138 1. Entity Name ARTLAW, LTD. CORP.								04-26-	2007 9023	6 025 ***15	0.00	
Principal Place of Business 120:WEST 23RD STREET NEW YORK, NY 10011			Mailing Address 111 GREAT NECK ROAD 308 GREAT NECK, NY 11021				F 1 3 6 (13 6 0	 	fi lli 18 51) fi lli 11		Gi nd e II (nu i	
2. Principal Place of Business - No P.O. Box # 120 West 23rd Street Suite, Apt. #, etc.			Mailing Address _C /C 111 Great Suite, Apt. #, etc.	rray F ck Rd.	ra	nk	Chg-P		2E034 (12/06)			
City & State			City & State				4. FEI Numb			······································	oplied For	
Zip	York, NY Country		Great Neck, N		rv			PPLICABLE		\$8.75 Add	ot Applicable	
1001			11021				5. Certificate			Fee Require		
	6. Name and Address of	7. Name and Address of New Registered Agent Name										
UNITED CORPORATE SERVICES, INC.												
9200 SOUTH DADELAND BLVD. SUITE 508						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	MIAMI, FL 30084											
						City					Zip Code	
, 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		ERS AND DIREC	RECTORS 11.				ADDITIONS	CHANGES T	O OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINEROF, ARTHUR 120WEST 23RD STRE NEW YORK, NY 10011		☐ Delate			12	0 West	23rd	Stree	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS	SD GENCO, LAWRENCE 1 2.0 WEST 23RD STRE	ET	☐ Delete	TITLE NAMI STRE		12	0 West	23rd	Stree	□ Change	Addition	
CITY-ST-ZIP	NEW YORK, NY 10011				-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			☐ Del ete		i					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
THLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	E ET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1ITLE NAME STREE						☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if												