## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 11, 2006 08:00 AM **DOCUMENT # H48144 Secretary of State** 1. Entity Name ARISTA REALTY, INC. Principal Place of Business Mailing Address 1639 S. WICKHAM RD. 1639 S. WICKHAM RD. WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 CR2E034 (11/05) 01032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2529801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Œ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KATLAN, PAUL 5599 BABCOCK ST. N.E. PALM BAY, FL 32907 IN THIS SPACE 3. 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 famillar with, and accept the obligations of registered agent. U00000382291 /12/06-80002-002\_163.75 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTÉ Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KATLAN, PAUL 1639 S. WICKHAM RD. STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CDY-ST-7IP IN THIS SPACE SITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or symplemental 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 attackment with an address, with all other like empowered.

FED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: