

FILED
Feb 04, 2004 8:00 am
Secretary of State

[illegible]

P00000117635	
1. Entity Name ARTIER REALTY, INC.	
Principal Place of Business 16300 NE 19TH AVENUE # 204 MIAMI, FL 33162-4879	
Mailing Address 16300 NE 19TH AVENUE # 204 MIAMI, FL 33162-4879	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-1063404	
Applied For Not Applicable	
5. Certificate of Status Desired \$8.75	
6. Name and Address of Current Registered Agent ZEITUN, RAQUEL 300 BISQUE BLVD WAY SUITE 723 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. \$5.00	
10. OFFICERS AND DIRECTORS NAME ADDRESS CITY STATE ZIP COUNTRY PDS ZEITUN, RAQUEL 18051 BISCAYNE BLVD APT 602 SUNNY ISLE BEACH, FL 33160	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME ADDRESS CITY STATE ZIP COUNTRY	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 attachment with an address, with all other like empowered.	
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	