


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 003 \*\*\*150.00

<b>DOCUMENT # P00000117635</b>	
1. Entity Name <b>ARTIER REALTY, INC.</b>	

Principal Place of Business <b>16300 NE 19TH AVENUE # 204 MIAMI, FL 33162-4879</b>	Mailing Address <b>16300 NE 19TH AVENUE # 204 MIAMI, FL 33162-4879</b>
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40013624



2. Principal Place of Business - No P.O. Box # <b>1150 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>SUITE #2E</b>	3. Mailing Address <b>1150 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>SUITE #2E</b>
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01092007 Chg-P CR2E034 (12/06)

City & State <b>BAY HARBOUR ISLANDS, FL</b>	City & State <b>BAY HARBOUR ISLANDS, FL</b>
Zip <b>33154</b>	Country <b>DADE</b>

4. FEI Number <b>65-1063404</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZEITUN, RAQUEL 300 BISQUE BLVD WAY SUITE 723 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_ (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 Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ZEITUN, RAQUEL 18051 BISCAYNE BLVD APT 602 SUNNY ISLE BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Raque Ztun 01/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #