


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000023387


1. Entity Name
ARTINI-ZAK CORPORATION, INC.



Principal Place of Business
**8221 GLADES RD.
 BOCA RATON, FL 33434**

Mailing Address
**8221 GLADES RD.
 BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1092837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARM, STEVEN ESQ
 2101 CORPORATE BLVD STE 215
 BOCA CORPORATE CENTER
 BOCA RATON, FL 33431**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

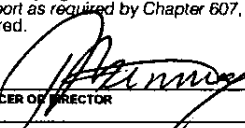
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASINMAZ, DIANA 611 GOLDEN HARBOUR DR. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIVIROGLU, MAYRAM 1279 SW.17TH STREET BOCA RATON, FL 33486
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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: DIANA ASINMAZ  **July 26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #