


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000088139 1. Entity Name URARTU, INC.	
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Principal Place of Business 328 CRANDON BOULEVARD, SUITE 226 KEY BISCAYNE, FL 33149	Mailing Address 328 CRANDON BOULEVARD, SUITE 226 KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1135793	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 CALVO, LIZABETH F 328 CRANDON BLVD SUITE 226 KEY BISCAYNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOUFENEDJIAN, ROBERTO 328 CRANDON BLVD, STE 226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOUFENEDJIAN, JORGE ANDRES 328 CRANDON BLVD, STE 226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOUFENEDJIAN, HERNAN DIEGO 328 CRANDON BLVD, STE 226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEREDIAN, ANA 328 CRANDON BLVD, STE 226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/05-80006-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TOUFENEDJIAN ROBERTO 3/18/05 305-6931214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #