

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088139

Entity Name: URARTU, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

C/O 4206 LAGUNA ST.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O 4206 LAGUNA STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1135793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICIANA, ENRIQUE
4206 LAGUNA ST.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOUFENEDJIAN, ROBERTO
Address: C/O 4206 LAGUNA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: TOUFENEDJIAN, JORGE ANDRES
Address: C/O 4206 LAGUNA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: TOUFENEDJIAN, HERNAN DIEGO
Address: C/O 4206 LAGUNA ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: T () Delete
Name: NEREDIAN, ANA
Address: C/O 4206 LAGUNA ST.
City-St-Zip: CORAL; GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO TOUFENEDJIAN

P/D

04/30/2007

Electronic Signature of Signing Officer or Director

Date