

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90819 044 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000010353

1. Entity Name  
ARTIGIANO, INC.



40092131



Principal Place of Business      Mailing Address  
4212 Laguna St      4212 Laguna St  
Coral Gables, FL 33146      Coral Gables, FL 33146

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

04172007      Chg-P      CR2E034 (12/06)

City & State      City & State      4. FEI Number      Applied For  
02-0681659      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVESU, MANUEL M  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES, FL 33134

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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      DP      ☐ Delete  
NAME      SAEZ, JORGE N  
STREET ADDRESS      4212 Laguna St  
CITY-ST-ZIP      Coral Gables, FL 33146

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      DV      ☐ Delete  
NAME      ODIO, JORGE A  
STREET ADDRESS      4212 Laguna St  
CITY-ST-ZIP      Coral Gables, FL 33146

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      DS      ☐ Delete  
NAME      ARVESU, MANUEL M  
STREET ADDRESS      4212 Laguna St  
CITY-ST-ZIP      Coral Gables, FL 33146

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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CITY-ST-ZIP

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TITLE      ☐ Delete  
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CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #