

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000022926

1. Entity Name  
ARAGANA ARTISTIC DESIGN GROUP, INC



Principal Place of Business  
4140 EL MAR DR  
LAUDERDALE BY THE SEA, FL 33308

Mailing Address  
4140 EL MAR DR  
LAUDERDALE BY THE SEA, FL 33308

2. Principal Place of Business  
3333 NE 33rd ST.

Suite, Apt. #, etc.

3. Mailing Address  
2835 W. HOWARD ST.

Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE FL.

Zip 33308

City & State  
CHICAGO IL

Zip 60645

Country

6. Name and Address of Current Registered Agent

VELIMIROVIC, SIMO  
4140 EL MAR DR  
LAUDERDALE BY THE SEA, FL 33308

4. FEI Number  
20-2257713

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name HAMZA DJENIC

Street Address (P.O. Box Number is Not Acceptable)

3333 NE 33rd ST.

City FT. LAUDERDALE FL Zip Code 33308

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)

4/16/06

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President	<input type="checkbox"/> Delete HAMZA DJENIC 3333 NE 33rd ST #1F FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hamza Djenic

Pres.

4/16/06

984 776-1505

Date

Daytime Phone #

05-08-2006 90290 005 \*\*\*150.00

**FILED  
Jun 27, 2006 8:00 am  
Secretary of State**

66020811

