

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

51

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

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

<b>DOCUMENT # P05000022926</b> 1. Entity Name <b>ARAGANA ARTISTIC DESIGN GROUP, INC</b>																							
Principal Place of Business <b>4140 EL MAR DR LAUDERDALE BY THE SEA, FL 33308</b>		Mailing Address <b>4140 EL MAR DR LAUDERDALE BY THE SEA, FL 33308</b>																					
2. Principal Place of Business <b>3333 NE 33rd ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2835 W. HOWARD ST.</b> Suite, Apt. #, etc.																						
City & State <b>FT. LAUDERDALE FL.</b>		City & State <b>CHICAGO IL.</b>																					
Zip <b>33308</b>	Country	Zip <b>60645</b>	Country																				
4. FEI Number <b>20-2257713</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>VELIMIROVIC, SIMO 4140 EL MAR DR LAUDERDALE BY THE SEA, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>HAMZA DJENCIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3333 NE 33rd ST.</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33308</b>																					
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 <u><i>Hamza Djencic</i></u> DATE <u>4/16/06</u> <small>Signature, typed or printed name of registered agent and agent's applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE  <b>PRESIDENT</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           NAME  <b>HAMZA DJENCIC</b> </td> <td></td> </tr> <tr> <td style="padding: 2px;">           STREET ADDRESS  <b>3333 NE 33rd ST #1F</b> </td> <td></td> </tr> <tr> <td style="padding: 2px;">           CITY-ST-ZIP  <b>FT. LAUDERDALE, FL 33308</b> </td> <td></td> </tr> </table>		TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	NAME <b>HAMZA DJENCIC</b>		STREET ADDRESS <b>3333 NE 33rd ST #1F</b>		CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33308</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP			
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete																						
NAME <b>HAMZA DJENCIC</b>																							
STREET ADDRESS <b>3333 NE 33rd ST #1F</b>																							
CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33308</b>																							
<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
<input type="checkbox"/> Delete																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
<input type="checkbox"/> Delete																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
<input type="checkbox"/> Delete																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td style="width: 50%; padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td></td></tr> <tr><td style="padding: 2px;">NAME</td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td></tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
<input type="checkbox"/> Delete																							
TITLE																							
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
TITLE																							
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: <u><i>Hamza Djencic</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		HAMZA DJENCIC PRES. <u>4/16/06</u> 954 776-1505 <small>Date Daytime Phone #</small>																					