2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P05000089349 1. Entity Name MARIE STUDIALE ARTOUNIAN, P.A.						05-04-2006	90227 0	44 ***15	60.00	
Principal Place of Business		Mailing Address			1 .					
4103 TAYLOR STREET HOLLYWOOD, FL 33021		4103 TAYLOR STREET HOLLYWOOD, FL 33021	,	:		4.7				
4 Citation (Co.)		A 84-35 Add								
2. Principal Place of Business		3. Mailing Address						UD e i		
Suite, Apt. #, etc.		Suite, Apt. #. etc.			03292006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numb	20-307	3659	Ap No	plied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	Ш	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			<u> </u>	
			Name					.95		
ARTOUNIAN, MARIE S 4103 TAYLOR STREET			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD, FL 83021							 .			
			City		····		FL	Zip Cod	e	
9. The above	named of the customent to	aistored office or		and amount on the	In in the Class of Ele		n maiting weith	and annual		
8. The above named effity 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Add					.00 May Be ed to Fees					
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTOR	\$ IN 11	
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	ARTOUNIAN, MARIE'S		name Street adoress							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		□ Delete	TITLE					☐ Change	Addition	
NAME	•		NAME						C	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS City-ST-ZIP			STREET ADORESS City-\$1-zip							
TITLE		☐ Defete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS		:	STREET ADDRESS							
CITY-ST-ZIP			CITY-SI-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	E.		STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
12. Lhereby	certify that the information supplied with	this filing does not qualify for t	he exemptions of	notaineo	Lin Chanter 11	Florida Statutes	further cort	ify that the in	oformation	

12. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 eath; 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

4/10/06

954-183-2083

Marie S. Artounian