

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084681

Entity Name: ARTREAL CORP.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17555 COLLINS AVE.  
SUITE 905  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17555 COLLINS AVE.  
SUITE 905  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 26-3371544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERB, LENARD  
17555 COLLINS AVENUE  
905  
SUNNY ISLES, FL 33160 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GERB, LENARD  
Address: 17555 COLLINS AVENUE, SUITE 905  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VP  
Name: ZLOCHEVSKY, NATALIE  
Address: 17555 COLLINS AVENUE, SUITE 905  
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby 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 all other like empowered.

SIGNATURE: LENARD GERB

MR

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date