


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000002650

1. Entity Name
ARTI ANTIQUES, INC.



Principal Place of Business Mailing Address

40 WEST WHISCONIER ROAD **40 WEST WHISCONIER ROAD**
BROOKFIELD, CT 06804 US **BROOKFIELD, CT 06804 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0379926 Not Applicable

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

6. Name and Address of Current Registered Agent

VAN DER LYN, JOHN S. C
3500 NW BOCA RATON BLVD
#905
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

110001402314
03/21/06-80032-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PARVIANEN, ARJA 40 WEST WHISCONIER ROAD BROOKFIELD, CT 06804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Arja Parviainen* **Arja Parviainen** * **3/6-06** **(203) 775-9685**
Signature and typed or printed name of signing officer or director Date Daytime Phone #