

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000002650 1. Entity Name ARTI ANTIQUES, INC.	
--	---

Principal Place of Business 40 WEST WHINSONIER ROAD BROOKFIELD, CT 06804 US	Mailing Address 40 WEST WHINSONIER ROAD BROOKFIELD, CT 06804 US
---	---

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0379926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000905739 05/01/08-80065-025 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PARVIANEN, ARJA
STREET ADDRESS	40 WEST WHINSONIER ROAD
CITY - ST - ZIP	BROOKFIELD, CT 06804
TITLE	DVS
NAME	PARVIANEN, TIMO
STREET ADDRESS	40 WEST WHINSONIER ROAD
CITY - ST - ZIP	BROOKFIELD, CT 06804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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, Pres. 4/14/08 (203)775-9685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #