

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000038526

1. Entity Name
A.R.T. PLAZA, INC.



Principal Place of Business
**967 FELLSMERE RD.
SEBASTIAN, FL 32958**

Mailing Address
**4412 5TH PLACE SW
VERO BEACH, FL 32968**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0848747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KISTLER, JOHN P JR.
4412 5TH PLACE SW
VERO BEACH, FL 32968**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**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**

1000000549916
05/13/06-80039-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DORAWA, ANDRE
STREET ADDRESS 965 FELLSMERE RD.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE VD
NAME GIAMBANCO, ROBERT
STREET ADDRESS 965 FELLSMERE RD.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE STD
NAME GIAMBANCO, TINA
STREET ADDRESS 965 FELLSMERE RD.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert Giambanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/06 (772) 913-3348
Date Daytime Phone #