## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Mar 03, 2006 8:00 am Secretary of State **DOCUMENT # S99417** 1. Entity Name 03-03-2006 90117 029 \*\*\*150.00 ARNART INTERNATIONAL, INC. Principal Place of Business Mailing Address 382 LAKESIDE BLVD 382 LAKESIDE BLVD **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address 38 LAKESIDE BIVD 738 LAKESIDE BIKD Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) F382 #382 Applied For 4. FEI Number 65-0303928 oca Raton Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMCHIN, BARBARA Street Address (P.O. Box Number is Not Acceptable) 382 LAKESIDE BLVD **BOCA RATON FL 33434** KAton 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition TIFLE PTS Delete TITLE NAME TAMCHIN, LEONARD NAME 7738 LAKECIDE BIVD. # 382 STREET ADDRESS STREET ADDRESS 382 LAKESIDE BLVD CITY-ST-ZIP CITY-\$1-7IP **BOCA RATON FL 33434** Boon Raton, FL 33434 ■ Addition TITLE TITLE ☐ Delete TAMCHIN, LEONARD NAME 7738 LAKERIDE BIVD # 382 MAME STREET ADDRESS STREET ADDRESS 382 LAKESIDE BLVD Boen Raton FL 33434 CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP THE ☐ Detete TITLE \_\_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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.

CONDROTATION, Provident 415/06 561-483-81-59

FILED