


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90223 040 ***150.00

DOCUMENT # V63904 1. Entity Name ARTZIBUSHEV HOLDINGS, INC.	
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Principal Place of Business 1525 W HILLSBOROUGH AVE TAMPA, FL 33603	Mailing Address 1525 W HILLSBOROUGH AVE TAMPA, FL 33603
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199048	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARTZIBUSHEV, DIMITRI 1525 W HILLSBOROUGH AVE SUITE 200 TAMPA, FL 33603
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTZIBUSHEV, SONYA 16555 HUTCHINSON ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. P. SAM REIBER, SAM 3821 Henderson Blvd Tampa, FL 33629
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:  **DIMITRI ARTZIBUSHEV** 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
817-237-0529