

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # V63904

1. Entity Name
ARTZIBUSHEV HOLDINGS, INC.



Principal Place of Business
**1525 W HILLSBOROUGH AVE
TAMPA, FL 33603**

Mailing Address
**1525 W HILLSBOROUGH AVE
TAMPA, FL 33603**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3199048

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ARTZIBUSHEV, DIMITRI
1525 W HILLSBOROUGH AVE
SUITE 200
TAMPA, FL 33603**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000934752

05/23/08-80045-007 150.00

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	VP 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

813-237-0529

Daytime Phone #