


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000023387**


1. Entity Name  
**ARTINI-ZAK CORPORATION, INC.**



Principal Place of Business  
**8221 GLADES RD.  
 BOCA RATON, FL 33434**

Mailing Address  
**8221 GLADES RD.  
 BOCA RATON, FL 33434**

**DO NOT WRITE IN THIS SPACE**



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1092837</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WARM, STEVEN ESQ  
 2101 CORPORATE BLVD STE 215  
 BOCA CORPORATE CENTER  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

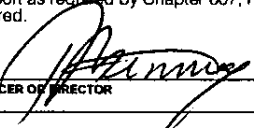
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ASINMAZ, DIANA 611 GOLDEN HARBOUR DR. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIVIROGLU, MAYRAM 1279 SW.17TH STREET BOCA RATON, FL 33486
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**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: DIANA ASINMAZ**  **July 26/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #