2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Aug 07, 2006 8:00 am Secretary of State DOCUMENT # P03000058747 07-07-2006 90001 004 ***150.00 08-07-2006 90043 016 *****8.75 ARNAUD DE PARIS, INC. Principal Place of Business Mailing Address 50024535 9751 EAST BAY HARBOR DR 9751 EAST BAY HARBOR DR SUITE 603 SUITE 603 MIAMI BEACH, FL 33157 MIAMI BEACH, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 58-2671668 Not Applicable Zio Country Zip Country \$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 STROCOVSKY, SILVIA M 9751 E. BAY HARBOR DR #603 Street Address (P.O. Box Number is Not Acceptable) BAY HARBOR ISLAND, FL 33157 City Zip Code 8. The above named entity subraits 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE ☐ Delete TITLE Change ☐ Addition NAME STROCOVSKY, SILVIA M NAME STREET ADDRESS 9751 E. BAY HARBOR DR #603 STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZiP 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 trusted 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 appears, with all other like empowered.

FILED

ATTACHMENT

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Check Image - Front and Back

Posting Date: 07/10/2006

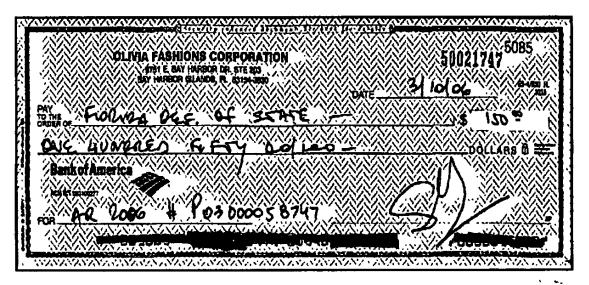
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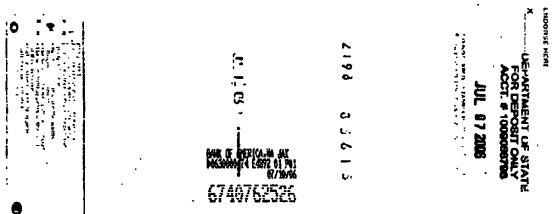
Amount: \$150.00

Reference: 86740762526

Account: DDA-4514

Nickname:





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