2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 07, 2005 08:00 AM Secretary of State DOCUMENT # P39903 1. Entity Name ARBERN CHARTERS, INC. Principal Place of Business Mailing Address 301 YAMATO ROAD, STE. 3101 BOCA RATON FL 33431 301 YAMATO ROAD, STE. 3101 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. # etc 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 51-0238124 Not Applicable Zip 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 STOLTZ, MORRIS L II Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD **SUITE 3101** BOCA RATON FL 33431 Zip Code FI 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 it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD trit F ☐ Change ☐ Addition une ☐ Delete STOLTZ, MORRIS L II 400000377676 NAME NAME 09/07/05-60004-016 550.00 301 YAMATO ROAD, STE. 3101 STREET AUDIESS JUREET ADDRESS **BOCA RATON FL 33431** 017-51-74 CITY-ST-ZIP ☐ Сћалде ☐ Addition HILE Delete STOLTZ, A. ARCHIE II 301 YAMATO ROAD, STE. 3101 SÍRÉEL ADDRESS STREET ANDRESS BOCA RATON FL 33431 UTY-ST-ZE City-St-7IP INTLE ☐ Delete HULF ☐ Change Addition MAA STREET ADDRESS DIRECT ADDRESS CHY-SI-ZIP CITY-SI-7IP ☐ Change ☐ Addition DIE 1016 Delete NAME STREET ADDRESS JAFET ADDRESS CITY-ST-ZIP CITY-SI-ZP Delete THUE ☐ Change Addition NAME NAME STREET ACKNESS STREET ADDRESS CITY-ST-ZIP UTY-ST-ZP ☐ Delete une Change ☐ Addition NA'AF NAME STREET ADDRESS STREET ADDRESS HY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED

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