2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046102

Entity Name: ARKI BROTHERS CORPORATION

ARAKINDJI EUBBENI, ALBERT

HALLANDALE BEACH, FL 33009

C/O 301 W. HALLANDALE BEACH BLVD

Name:

Address:

City-St-Zip:

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	V. HALLANDA ALE BEACH,	LE BEACH BLVD FL 33180		
Current Mailing Address:			New Mailing Address:	
	V. HALLANDA ALE BEACH,	LE BEACH BLVD FL 33009		
FEI Number	: 20-4650042	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
301 W. HAHALLAND	ALLANDALE B PALE BEACH, a named entity	FL 33009 US	purpose of changing its registered	d office or registered agent, or both,
in the State	e of Florida.			
SIGNATU				
		nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ARAKANJI CH, C/O 301 W. H/) Delete ARABATI, JIMMY ALLANDALE BEACH BLVD BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ARAKINDJI LE C/O 301 W. H/) Delete EVY, EMILIO ALLANDALE BEACH BLVD BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ARAKANJI EÙI C/O 301 W. H/) Delete BBENI, HENRI ALLANDALE BEACH BLVD BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JIMMY ARAKANJI CHARABATI P 03/28/2008