

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001721

**Entity Name:** ARBOR HOLDINGS CORP.**Current Principal Place of Business:**4835 COLLINS AVENUE  
SUITE 801  
SURFSIDE, FL 33154**Current Mailing Address:**PO BOX 140668  
CORAL GABLES, FL 33114 US**FEI Number:** 13-3547663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**M.J.F. REGISTERED AGENT CORP  
153 SEVILLA AVE  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	MURRAY, JACQUES G
Address	11 RUE DU THEATRE
City-State-Zip:	MONTREUX 1820

Title	DST
Name	LEON, MARIE-CLAIRE
Address	1017 NORTH BEVERLY DRIVE
City-State-Zip:	BEVERLY HILLS CA 90210

Title	AS
Name	MARQ, FREDERIC
Address	4835 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	AT
Name	SIMMONDS, JOEL L
Address	4835 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	MIGNOLET, XAVIER
Address	INDUSTRIALAAN 35
City-State-Zip:	GROOT-BIJGAARDEN 1702

I hereby 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 all other like empowered.

**SIGNATURE:** LEON , MARIE-CLAIRE

DST

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date