


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 478717</b> 1. Entity Name <b>ARLES, INC.</b>	
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Principal Place of Business 1150 WEST 68TH ST. HIALEAH, FL 33014-5153	Mailing Address 1150 WEST 68TH ST. HIALEAH, FL 33014-5153
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04082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1604289</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ANDERSON, LOUIS C 224 COMMERCIAL BLVD., STE 317 LDERDALE BY-THE-SEA, FL 33308
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAPIRO, DOROTHY 1150 WEST 68TH ST HIALEAH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAPIRO, ARTHUR H 1150 WEST 68TH ST HIALEAH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHAPIRO, LESTER R 1150 WEST 68TH ST HIALEAH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAPIRO, LESTER R 1150 WEST 68TH ST HIALEAH, FL 00000,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000114238  
04/15/04-80041-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Arthur Shapiro** **04-12-04** **305-821-0332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #