


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 478717</b>	
1. Entity Name <b>ARLES, INC.</b>	

Principal Place of Business <b>1150 WEST 68TH ST. HIALEAH, FL 33014-5153</b>	Mailing Address <b>1150 WEST 68TH ST. HIALEAH, FL 33014-5153</b>
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**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1604289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100010308587  
04/16/05-80002-023-158.75

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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)(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:**  **Arthur H. Shapiro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-15-05 305-821-0332**

Date

Daytime Phone #