2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90199 013 ***158.75

DOCUMENT # 478717

1. Entity Name
ARLES, INC.

Principal Place of Business	Mailing Address
1150 WEST 68TH ST. HIALEAH, FL 33014-5153	1150 WEST 68TH ST. HIALEAH, FL 33014-5153

03192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1970 NW 127th Terrace	1970 NW 127th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number: 59-1604289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, LOUIS C 224 COMMERCIAL BLVD., STE 317 LDERDALE BY-THE-SEA, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, DOROTHY 1150 WEST 68TH ST HIALEAH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shapiro, Dorothy 1970 NW 127th Terrace Coral Springs, Florida 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHARPIRO, ARTHUR H 1150 WEST 68TH ST HIALEAH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Shapiro, Arthur H 1970 NW 127th Terrace Coral Springs, Florida 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHAPIRO, LESTER R 1150 WEST 68TH ST HIALEAH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Shapiro, Lester R 1970 NW 127th Terrace Coral Springs, Florida 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHAPIRO, LESTER R 1150 WEST 68TH ST HIALEAH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Shapiro, Lester R. 1970 NW 127th Terrace Coral Springs, Florida 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lester R Shapiro 4/8/06 305-558-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #