

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT #478717

1. Entity Name
ARLES, INC.



Principal Place of Business
**1970 NW 127TH TERR
POMPAÑO BEACH, FL 33071**

Mailing Address
**1970 NW 127TH TERR
POMPAÑO BEACH, FL 33071**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**ANDERSON, LOUIS C
224 COMMERCIAL BLVD., STE 317
LDERDALE BY-THE-SEA, FL 33308**

**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

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, 2007 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 1970 NW 127TH TERR POMPAÑO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPIRO, ARTHUR H 1970 NW 127TH TERR POMPAÑO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAPIRO, LESTER R 1970 NW 127TH TERR POMPAÑO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, LESTER R 1970 NW 127TH TERR POMPAÑO BEACH, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80013-004 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

Daytime Phone #