2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 478717

1. Entity Name
ARLES, INC.

Principal Place of Business	Mailing Address
1970 NW 127TH TERR POMPANO BEACH, FL 33071	1970 NW 127TH TERR POMPANO BEACH, FL 33071

02292008 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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000330339
05/21/08-80106-007 158.75

DO NOT WRITE 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: X Lester Shapiro 3/29/08 954-345-9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #