

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 523721

1. Entity Name
THE JAY ARNOLD CREATIVE GROUP, INC.



Principal Place of Business
**3775 STEWART AVE
COCONUT GROVE, FL 33133**

Mailing Address
**P.O. BOX 347785
CORAL GABLES, FL 33234-7785**



05072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1719954 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**WEINREB, ARNOLD JAY
3775 STEWART AVE
COCONUT GROVE, FL 33133**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEINREB, ARNOLD J.
STREET ADDRESS 3775 STEWART AVENUE
CITY-ST- ZIP COCONUT GROVE, FL 33133

TITLE S
NAME WEINREB, GLIKA
STREET ADDRESS 3775 STEWART AVENUE
CITY-ST- ZIP COCONUT GROVE, FL 33133

TITLE D
NAME WEINREB, GLIKA
STREET ADDRESS 3775 STEWART AVENUE
CITY-ST- ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

1100000549997
05/13/06-80042-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Glika Weinreb / Glika Weinreb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/06 305-444-2744
Date Daytime Phone #