2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

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DOCUI 1. Entity Nam THE ARB				03-05-20	004 90018	3 005 ***	*61.25			
Principal Place of Business C/O THE FOSTER COMPANY 12394 SW 82 AVENUE MIAMI, FL 33156 US		Mailing Address C/O THE FOSTER COMPANY PO BOX 565820 MIAMI, FL 33256 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number Applied For 59-1685834 Not Applied			oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add	ditional	
4-	6. Name and Address of Current	Registered Agent	-		7. Name and Ad	ddress of New	Registered	Agent		
			Name							
BLAXBERG, BARRY 25 SR 2ND AVE, 730 MIAMI, FL 33131			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
(41), (1011, 7 L	33131						<u>-</u>			
			City				Fl	_		
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registere	ed agent, or both,	in the State of I	Florida. ∃am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signatur	re required	when reinstating)		DATE			
SIGNATURE .	Signature. typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees	FI	Make chec	k payable t		
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	_ ·			Make chec orida Depa	rtment of S	tate	
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2. 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 of trustee empowerfed to execute this report as required by Chapter 617, 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 empowerfed.

SIGNATURE:

SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 2-20-ea

Daytime Phone #