


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90043 037 ***150.00

DOCUMENT # 831162 1. Entity Name ARCADIA HAND-KNIT YARNS, INC.	
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Principal Place of Business 494 WEST 20TH STREET HIALEAH, FL 33010	Mailing Address 116 WEST 23RD STREET 4TH FLOOR NEW YORK CITY, NY 10011
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50060215



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5566273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
BRODY, ANDREW 12340 NE 6 COURT N MIAMI, FL 33161	6175 NW 153rd St Suite 401 Miami Lakes FL 33014

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD AIBEL, RICHARD 9 LIGHTHOUSE RD GREAT NECK, NY 11024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIBEL, LAWRENCE 7 STERLING PLACE LAWRENCE, NY 11516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Richard Aibel Richard Aibel 8/8/05 212 929 6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #