2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90016 038 ***150.00

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DOCUMENT # 840750

1. Entity Name
ARTHURVEST, N.V. COMPANY

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD. SUITE 1602 MIAMI, FL 33156 US	9100 S. DADELAND BLVD. SUITE 1602 MIAMI, FL 33156 US

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Two Alhambra Plaza		Two Alhambra Plaza	
Suite, Apt, #, etc. Penthouse 2B		Suite, Apt, #, etc. Penthouse 2B	
City & State: Coral Gables, Fl		City & State: Coral Gables, Fl	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number: 52-1116964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMAN, NARD S.
9100 S. DADELAND BLVD.
SUITE 1602
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Steven W. Simon
Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza
Penthouse 2B
City: Coral Gables FL Zip Code: 33134

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: X [signature] Steven W. Simon 1/23/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CORPORATE AGENTS N.V. 23 PIETERMAAI WILLEMSTAD, CURACAO,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDA HELMAN, NARD S. 9100 S. DADELAND BLVD., SUITE 1602 MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDA Steven W. Simon Two Alhambra Plaza, PH 2B Coral Gables, Fl 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] Steven W. Simon 1/23/04 305.446.5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #