

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000001134

1. Entity Name  
ARSLAN UNIFORMS, INC.



Principal Place of Business  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223

Mailing Address  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223



05122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1775617

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MAURO, MICHELE  
14450 AMAPOLA WAY  
DELRAY BEACH, FL 33484

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
ARSLAN, HAYRIYE  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVP  
ARSLAN, HIKMET  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
ARSLAN, SERKAN  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
ARSLAN, HAKAN  
4119 SPRING GROVE AVE.  
CINCINNATI, OH 45223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

00000386956  
05/16/05-80013-023 550.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #