

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90046 032 ***550.00

DOCUMENT # F04000000759

1. Entity Name
AREKS US, INC.



Principal Place of Business
**27499 RIVERVIEW CENTER BLVD, STE 125
BONITA SPRINGS, FL 34134**

Mailing Address
**27499 RIVERVIEW CENTER BLVD, STE 125
BONITA SPRINGS, FL 34134**



05122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2304708 30-0223592 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SIAT, MICHEL**
STREET ADDRESS **27499 RIVERVIEW CENTER BLVD, STE 125**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **PT**
NAME **LEAH, JOSEPH**
STREET ADDRESS **27499 RIVERVIEW CENTER BLVD, STE 125**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **S**
NAME **VERGEZ, GEOFFROY**
STREET ADDRESS **27499 RIVERVIEW CENTER BLVD, STE 125**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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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: *Joseph Leah* **JOSEPH LEAH** 5/13/05 239-444-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #