2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# F08000000480

Entity Name: ARFA INTERIOR SERVICES CO., INC.

Current Principal Place of Business:

3915 W. HACIENDA AVE., STE. A-111
LAS VEGAS, NV 89118

New Principal Place of Business:

3915 W. HACIENDA AVE.
STE #A111
LAS VEGAS, NV 89118

Current Mailing Address:

3915 W. HACIENDA AVE., STE. A-111
LAS VEGAS, NV 89118

New Mailing Address:

3915 W. HACIENDA AVE.
STE #A111
LAS VEGAS, NV 89118

FEI Number: 88-0452575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARFA, CARL
10280 SPY GLASS WAY
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARFA, CARL
Address: 10280 SPY GLASS WAY
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: ARFA, DORIS
Address: 541 SW S. RIVER DR., APT. 203
City-St-Zip: STUART, FL 34997

Title: PVST ( ) Delete
Name: ARFA, BARRY
Address: 3915 W. HACIENDA AVE., STE. A-111
City-St-Zip: LAS VEGAS, NV 89118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY ARFA PVST 07/07/2009

Electronic Signature of Signing Officer or Director Date