

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90017 042 \*\*\*158.75

**DOCUMENT # F37973**

1. Entity Name

ARNO INTERNATIONAL, INC.



Principal Place of Business

330 S STATE RD. 7, SUITE B  
PLANTATION FL 33317

Mailing Address

330 S STATE RD. 7, SUITE B  
PLANTATION FL 33317

2. Principal Place of Business

3259 DAVIE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

3259 DAVIE BLVD.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL 33312

City & State

FORT LAUDERDALE, FL 33312

4. FEI Number

59-2108908

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANCI GIANDOMENICO

330 S STATE RD 7

STE B

PLANTATION FL 33137

3312 DAVIE BLVD.

FT. LAUDERDALE, FL

33312

7. Name and Address of New Registered Agent

Name

FRANCI, GIANDOMENICO

Street Address (P.O. Box Number is Not Acceptable)

3259 DAVIE BLVD.

FT. LAUDERDALE, FL 33312

City

FL

Zip Code

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIANDOMENICO, FRANCI	
STREET ADDRESS	330 S. STATE RD. 7, STE. B	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRANCI, ADRIANA	
STREET ADDRESS	330 S. STATE RD, 7 STE. B	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRANCI, PATRIZIA M.	
STREET ADDRESS	330 S. STATE RD 7 STE B	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCI, CHRISTIAN	
STREET ADDRESS	330 S. STATE RD 7 STE B	
CITY-ST-ZIP	PLANATATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCI, GIANDOMENICO	
STREET ADDRESS	3259 DAVIE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCI, ADRIANA	
STREET ADDRESS	3259 DAVIE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCI, PATRIZIA M.	
STREET ADDRESS	3259 DAVIE, BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3259 DAVIE, BLVD.	
STREET ADDRESS	FT. LAUDERDALE, FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

Date

Daytime Phone #