


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # F45864 1. Entity Name ARKIN INTERIORS, INC. |  |
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| Principal Place of Business 5500 COLLINS AVENUE SUITE 603 MIAMI BEACH, FL 33140 | Mailing Address 5500 COLLINS AVENUE SUITE 603 MIAMI BEACH, FL 33140 |
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-2128553 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARKIN, L JULES
8801 SW 68TH AVENUE
MIAMI, FL 33156

**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 \$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

000000061219
02/23/04-80071-011 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ARKIN, JILL 5500 COLLINS AVE SUITE 603 MIAMI BEACH, FL 33140 |
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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: *Jill Arkin* JILL ARKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 305-8660185

Date

Daytime Phone #