2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM DOCUMENT # F45864 **Secretary of State** 1. Entity Name ARKIN INTERIORS, INC. Mailing Address Principal Place of Business 5500 COLLINS AVENUE 5500 COLLINS AVENUE SUITE 603 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-2128553 Not Applicat Country Zip Country ŽΦ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARKIN, L JULES 8801 SW 68TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 Zip Code City 3. 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 acce the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May I After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee: Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Delete 3111 9 TITLE ARKIN, JILL NAME STREET ADDRESS 5500 COLLINS AVE SUITE 603 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Change Add. Delete TITLE TITLE U00000209584 NAME NAME 02/02/05-80045-009 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE TIDE ☐ Delele ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Add nneTHTLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Adt TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add Change MLE ☐ Delete TITLE NAME NAME STREET ADDRESS CIRCET ADDRESS CITY-SI-ZIP CITY-ST-709 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 eath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

FILED