


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001721

1. Entity Name
ARBOR HOLDINGS CORP.



Principal Place of Business 111 EAST 56TH STREET SUITE 1501 NEW YORK, NY 10022 US	Mailing Address 111 EAST 56TH STREET SUITE 1501 NEW YORK, NY 10022 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3547663	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

M.J.F. REGISTERED AGENT CORP
153 SEVILLA AVE
CORAL GABLES, FL 33134

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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)

Signature typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRAY, JACQUES G 111 EAST 56TH STREET, STE. 1501 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MURRAY, JEAN-JACQUES 111 EAST 56TH STREET, STE. 1501 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PILLOIS, JEAN C 111 EAST 56TH STREET, STE. 1501 NEW YORK, NY 10022
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 07/22/04-80014-024 150.00

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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)(f), 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: _____

Date: **7/04** Daytime Phone #: **(305) 672-6607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR