


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001887
 1. Entity Name
 ARC-ORLANDO/GP, INC.



Principal Place of Business Mailing Address
 1401 BROAD STREET 1401 BROAD STREET
 CLIFTON, NJ 07013 US CLIFTON, NJ 07013 US

DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 22-3054123 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EICHLER, LAWRENCE ESQ.
 SOUTHEAST FINANCIAL CENTER
 STE. 3650
 MIAMI, FL 33131

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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 _____ DATE _____
Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

\$ 550.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	AMBRÖSI, ROBERT J
STREET ADDRESS	341 BROAD STREET
CITY - ST - ZIP	CLIFTON, NJ 07013
TITLE	D
NAME	PEREL, MARC
STREET ADDRESS	341 BROAD STREET
CITY - ST - ZIP	CLIFTON, NJ 07013
TITLE	S
NAME	LOMICKY, CLAUDIA
STREET ADDRESS	341 BROAD STREET
CITY - ST - ZIP	CLIFTON, NJ 07013
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1100011364737
 05/08/05-80006-026 550.00

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: Robert J Ambrosi 5/3/05 973 249 1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #