
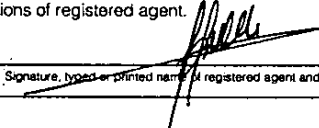
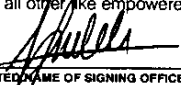


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 020 ***150.00

DOCUMENT # J63288 1. Entity Name ARZ BUILDERS, INC.					
Principal Place of Business 1515 N FEDERAL HWY 300 BOCA RATON, FL 33432 US			Mailing Address 1515 N FEDERAL HWY 300 BOCA RATON, FL 33432 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2791554	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABOUJAWDEH, GEORGE 1508 SW 1ST AVE BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name GEORGE JAWDE Street Address (P.O. Box Number is Not Acceptable) 1508 SW 1ST AVE City Boca Raton FL Zip Code 33432		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-26-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTP JAWDE, GEORGE 1508 SW 1ST AVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-05 Daytime Phone # 561-394-0910		

14010330



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2791554

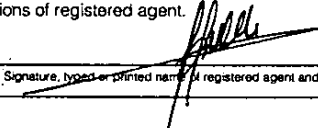
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **GEORGE JAWDE**
Street Address (P.O. Box Number is Not Acceptable)
1508 SW 1ST AVE
City **Boca Raton** **FL** Zip Code **33432**

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SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4-26-05**

**FILE NOW!!! FEE IS \$150.00
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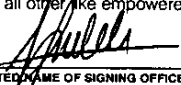
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-26-05** Daytime Phone # **561-394-0910**