## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

## Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # K76675** 1. Entity Name THE ARTHUR WEINER COMPANY 04-16-2004 90128 018 \*\*\*150.00 Mailing Address Principal Place of Business----ARTHUR WEINER A STORY (SOME VILLE) 2627 IVES DAIRY RD 207 ADVENTURA, FL 33180 ADVENTURA, FL- 33180 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0110617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINER, ARTHUR DO NOT WRITE 20222 N.E. 19TH PLACE NORTH MIAMI BEACH, FL 33179 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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE CHEST 1904 F. 55150 111 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees IVES DAIRY RD TITLE WEINER, ARTHUR NAME STREET ADDRESS 20222 NE 19TH PLACE CITY-SY-ZIP N. MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME 15 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

**FILED**