

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93049

Entity Name: ARLEN, INC.

FILED
Feb 24, 2004
Secretary of State

Current Principal Place of Business:

2805 N. STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2805 N. STATE ROAD 7
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0122927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDERICI, SONDR
2805 N. STATE ROAD 7
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FEDERICI, SONDR
Address: 2805 N. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL

Title: P () Delete
Name: LEWIN, NAOMI
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: FEDERICI, JAMES
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: HERNANDEZ, RHONDA
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: LEWIN, CURT
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: LEWIN, HARLEY
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDR FEDERICI

OFF

02/24/2004

Electronic Signature of Signing Officer or Director

Date