

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90114 016 \*\*\*150.00

14017735



04252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L54173</b> 1. Entity Name <b>ARBER &amp; ASSOCIATES, INC.</b>																													
Principal Place of Business <del>210 SW 32 RD</del> <del>#2</del> <del>MIAMI, FL 33129 US</del>			Mailing Address <b>210 SW 32 RD</b> <del>#2</del> <b>MIAMI, FL 33129 US</b>																										
2. Principal Place of Business <b>210 SW 32ND Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>210 SW 32ND Rd</b> Suite, Apt. #, etc.																											
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0194604</b>																									
Zip <b>33129</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BERMUDEZ, FRANCISCO</b> <b>210 SW 32 RD</b> <b>SUITE 2</b> <b>MIAMI, FL 33129</b>				7. Name and Address of New Registered Agent Name <b>BERMudez, FRANCISCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 SW 32ND Road</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33129</b>																									
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 <i>X Jue</i> <span style="float: right;">4/25/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>BERANVDEZ, FRANCISCO</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>210 SW 32 RD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI, FL 33129</b></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	<b>BERANVDEZ, FRANCISCO</b>		STREET ADDRESS	<b>210 SW 32 RD</b>		CITY-ST-ZIP	<b>MIAMI, FL 33129</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PRESIDENT</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>BERMUDEZ, FRANCISCO</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>210 SW 32ND Road</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI, FL 33129</b></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BERMUDEZ, FRANCISCO</b>		STREET ADDRESS	<b>210 SW 32ND Road</b>		CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
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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: <i>X Jue</i> <span style="float: right;">4/25/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													