

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 045 ***150.00

DOCUMENT # L99926

1. Entity Name
ARPAC AUTOMOTIVE PRODUCTS, INC.



Principal Place of Business
3133 FORTUNE WAY
STE 22
WEST PALM BEACH, FL 33414

Mailing Address
3133 FORTUNE WAY
STE 22
WEST PALM BEACH, FL 33414

30040606



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0215941
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURNITSKY, ARNOLD
11740 ST ANDREWS PLACE 2330 Wellington Green Drive
APT 308 Apt. 202
WELLINGTON, FL 33414

**DO NOT WRITE
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 if applicable.

ARNOLD KURNITSKY

(NOTE: Registered Agent signature required when reinstating)

4/14/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KURNITSKY, ARNOLD 2330 Wellington Green Drive
11740 ST ANDREWS PLACE APT 308 Apt. 202
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
VITTORIO, FRANK
14180 GREEN TREE DRIVE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD KURNITSKY

4/14/05
Date

561-795-8668
Daytime Phone #