

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

APR 26 2006 08:00 AM
Secretary of State
APR 21 2006

CH 6149
\$150.00



01112006 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KURNITSKY, ARNOLD
2330 WELLINGTON GREEN DR
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 4, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KURNITSKY, ARNOLD
STREET ADDRESS 2330 WELLINGTON GREEN DR, APT 202
CITY-ST-ZIP WELLINGTON, FL 33414

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

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05/08/06-80071-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #