

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M35353</b>	
1. Entry Name <b>ARLO CORP.</b>	

Principal Place of Business <b>6261 NE 19TH AVENUE APT 1223 FT LAUDERDALE FL 33308 US</b>	Mailing Address <b>154-36 12TH AVE. BEECHHURST NY 11357 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>DIBIASE, ARTHUR 6261 N.E. 19 AVE. SUITE 1228 FT. LAUDERDALE FL 33334</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBIASE, ARTHUR A. 6261 NE 19 AVE FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBIASE, LORETTA 6261 N.E. 19 AVE. FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBIASE, ARTHUR 154-36 12 AVE. WHITE STONE NY 11357	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBIASE, CRAIG 69 COKLIN ST TAPPAN NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBIASE, LYDIA 46-06 GLENWOOD ST. LITTLE NECK NY 11362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000033744 02/05/04-80055-021 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Arthur A. Dibiase **ARTHUR A DIBIASE FEB 2/04 719 767 7045**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #