


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M99831 1. Entity Name ROBERT A. ARABIAN, P.A.	
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Principal Place of Business
4 TOURTELOTT AVE
WARWICK, RI 02886 US

Mailing Address
4 TOURTELOTT AVE
WARWICK, RI 02886 US



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0078038	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOCHBERG & DIRIENZO, P.A.
1975 E. SUNRISE BLVD
STE 519
FT. LAUDERDALE, FL 33304

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS ARABIAN, ROBERT A. 4 TOURTELOTT AVE WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP ARABIAN, ROBERT A. 4 TOURTELOTT AVE WARWICK, RI 02886
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05/17/06-80087-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Robert Arabian **ROBERT ARABIAN** 5/1/06 401-738-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #