2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000039474

1. Entity Name
ARIZEN HOMES, INC.

Principal Place of Business	Mailing Address
2700 WEST CYPRESS CREEK RD STE B-111 FORT LAUDERDALE, FL 33309	2700 WEST CYPRESS CREEK RD STE B-111 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04032006 ; No Chg-P CR2E034 (11/05)

4. FEI Number
65-1045513
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EZZO, MARK T
2700 W CYPRESS CREEK ROAD
STE B-111
FORT LAUDERDALE, FL 33309

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

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	P
NAME	EZZO, MARK T
STREET ADDRESS	2700 W. CYPRESS CREEK RD, #B-111
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	T
NAME	HOLBACH, KEITH S
STREET ADDRESS	2700 W. CYPRESS CREEK RD, #B-111
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	S
NAME	GEPFRICH, TOM
STREET ADDRESS	2700 W. CYPRESS CREEK RD, #B-111
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	CEO
NAME	ARNEL, TIM
STREET ADDRESS	2700 W. CYPRESS CREEK RD, #B-111
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80008-013 150.00

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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: X _____ Tim Arnel X _____ 954-984-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #