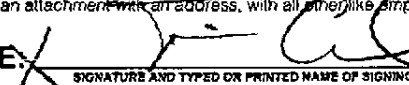


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000039474		
1. Entity Name ARIZEN HOMES, INC.		
Principal Place of Business 2700 WEST CYPRESS CREEK RD STE B-111 FORT LAUDERDALE, FL 33309		Mailing Address 2700 WEST CYPRESS CREEK RD STE B-111 FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EZZO, MARK T 2700 W CYPRESS CREEK ROAD STE B-111 FORT LAUDERDALE, FL 33309		
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 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	P EZZO, MARK T 2700 W. CYPRESS CREEK RD, #B-111 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBACH, KEITH S 2700 W. CYPRESS CREEK RD, #B-111 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEPFRICH, TOM 2700 W. CYPRESS CREEK RD, #B-111 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARNEL, TIM 2700 W. CYPRESS CREEK RD, #B-111 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 		Tim Arnel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 954-984-4577 Daytime Phone #



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

**DO NOT WRITE
IN THIS SPACE**

000000496397
04/22/06-80008-013 150.00

**DO NOT WRITE
IN THIS SPACE**