

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90026 003 ***150.00

DOCUMENT # P01000011094

1. Entity Name
ARKA ENTERPRISES, INC.



Principal Place of Business
1925 BRICKELL AVENUE
SUITE D206
MIAMI, FL 33129

Mailing Address
1925 BRICKELL AVENUE
SUITE D206
MIAMI, FL 33129

50006898



2. Principal Place of Business

711 BILTMORE WAY
Suite, Apt. #, etc.
603

3. Mailing Address

711 BILTMORE WAY
Suite, Apt. #, etc.
603

01122005 Chg-P CR2E034 (10/03)

City & State

CORAL GABLES - FL
Zip 33134 Country USA

City & State

CORAL GABLES - FL
Zip 33134 Country USA

4. FEI Number

65-1082352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXIA, KIVE
ONE ALHAMBRA CIRCLE
#305
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name ALEXA KIVE
Street Address (P.O. Box Number is Not Acceptable)
711 BILTMORE WAY #603
City CORAL GABLES FL Zip Code 33134

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 of office.

ALEXA KIVE - PRESIDENT

(NOTE: Registered Agent's signature required when reappointing)

01/12/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
DPS
KIVE, ALEXIA
STREET ADDRESS
ONE ALHAMBRA #305
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
KIVE, ALEXA
STREET ADDRESS
711 BILTMORE WAY #603
CITY-ST-ZIP
CORAL GABLES - FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXA KIVE

01/12/05 305-5671949

DATE Daytime Phone #