

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031520

Entity Name: ARLINGTON OVERSEAS INC

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

527 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

527 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1091798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPPE, ALLEN
20505 E. COUNTRY CLUB DRIVE
2138
AVENTURA,, FL FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: GOTFRIED, AMMON
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DVP () Delete
Name: GOTFRIED, MIRA
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DS () Delete
Name: GOTFRIED, TAMIR
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DS () Delete
Name: GOTFRIED, GAIL
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DT () Delete
Name: COHEN, RAVIT
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON OTFRIED

PRES

01/02/2007

Electronic Signature of Signing Officer or Director

Date