

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031520

Entity Name: ARLINGTON OVERSEAS INC

FILED  
Jan 20, 2009  
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 ( )

## Name and Address of Current Registered Agent:

SHAPPE, ALLEN  
4917 LATTA WAY  
GATLINBURG, TN., FL TN. 37738 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 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 GOTFRIED

MR

01/20/2009

Electronic Signature of Signing Officer or Director

Date