

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90010 003 ***150.00

DOCUMENT # P01000045358	
1. Entity Name ARUNEE, INC.	



Principal Place of Business 1260 NE 97TH STREET MIAMI SHORE, FL 33138	Mailing Address 7510 BEACHVIEW DR MIAMI, FL 33141
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40015248

2. Principal Place of Business 1260 NE 97TH STREET	3. Mailing Address 7510 BEACHVIEW DR.
Suite, Apt. #, etc. AT	Suite, Apt. #, etc.



01272005 Chg-P CR2E034 (10/03)

City & State MIAMI SHORE FL.	City & State MIAMI SHORE FL.
Zip 33138	Country USA
Zip 33141	Country USA

4. FEI Number 65-1103319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALEEPOL, ARUNEE 1260 NE 97TH STREET MIAMI SHORE, FL 33138	
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7. Name and Address of New Registered Agent Name ARUNEE SALEEPOL Street Address (P.O. Box Number is Not Acceptable) 1260 N.E. 97TH. STREET City MIAMI SHORE. FL Zip Code 33138	
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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEEPOL, ARUNEE 1260 NE 97TH STREET MIAMI SHORE, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Arunee Saleepol* **ARUNEE SALEEPOL (305) 762-5947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAN. / 31 / 2005** Daytime Phone #