

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90377 050 \*\*\*150.00

**DOCUMENT # P01000046449**

1. Entity Name

ARTHUR ARTHUR (MIAMI) INC.



Principal Place of Business

245 SE FIRST STE #406  
MIAMI FL 33131

Mailing Address

245 SE FIRST STE #406  
MIAMI FL 33131

2. Principal Place of Business

245 SE FIRST STREET

3. Mailing Address

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

MIAMI

City & State

Zip

33131

Country

USA

Zip

Country

4. FEI Number

03-0475644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, DIANA  
300 BISCAYNE BLVD. WAY, STE. 723  
DUPONT PLAZA CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JEREMY FOSTER-FELL

Street Address (P.O. Box Number is Not Acceptable)

206 LOOKOUT DRIVE

City

APOLLO BEACH

FL

Zip Code

33572

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARTHUR, DIANA	
STREET ADDRESS	300 BISCAYNE BLVD. WAY, STE. 723	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DAVIS, SIMON	
STREET ADDRESS	300 BISCAYNE BLVD WAY STE 723	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FOSTER-FELL, JEREMY	
STREET ADDRESS	300 BISCAYNE BLVD WAY STE 723	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

4/14/05

305 995 5889