

# 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**

City & State  
**MIAMI**

City & State

Zip **33131** Country **USA**

Zip Country

1st MOORE CR2E034 (10/04)

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]* DATE **4/14/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> 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: *[Signature]* DATE **4/14/05** Daytime Phone # **305 995 5889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR