

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 18, 2005 8:00 am
Secretary of State**

03-18-2005 90045 007 ***150.00

DOCUMENT # P01000080495



1. Entity Name
ARCOUB GOPMAN & ASSOCIATES, INC.

Principal Place of Business
731 NE 79 ST.
MIAMI, FL 33138

Mailing Address

731 NE 79 ST.
MIAMI, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOPMAN, JUDITH S
731 NE 79 ST.
MIAMI, FL 33138

Name

ARCOUB, ABDERRAHIM

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

10463 NE 6TH AVENUE

City MIAMI SHORES FL Zip Code 33138

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)

3-11-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GOPMAN, JUDITH S
STREET ADDRESS 731 NE 79 STREET
CITY-ST-ZIP MIAMI, FL 33138

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

PRESIDENT
ARCOUB, ABDERRAHIM
10463 NE 6TH AVE
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

Date

Daytime Phone #