

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90002 032 ***550.00

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1. Entity Name
ARTHUR'S MTCE, INC.



Principal Place of Business
**6253 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

Mailing Address
**6253 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

50059819



07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2352197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BADALOO, ARTHUR
6253 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

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
**PD
BADALOO, ARTHUR
6253 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
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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: ARTHUR BADALOO **8.1.05 601-4191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #