## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 15, 2004 08:00 AM DOCUMENT # P02000025485 **Secretary of State** 1. Entity Name ARNOLD-MEYNARD INC Principal Place of Business Mailing Address 675 SW 3 ST 675 SW 3 ST MIAMI, FL 33130 MIAMI, FL 33130 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1407314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNOLD, GINGER DO NOT WRITE 675 SW 3 ST MIAMI, FL 33130 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ARNOLD, GINGER NAME 675 SW 3 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 U00000089502 03/15/04-80094-012 150.00 NAME STREET ADDRESS CITY-SY-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

545-7662. Daytime Phone #