


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P02000039989</b><br>1. Entity Name<br>NEW ARENA SQUARE COMMERCIAL CORPORATION |  |
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| Principal Place of Business<br>1023 N.W. 3RD AVENUE<br>MIAMI, FL 33136 | Mailing Address<br>1023 N.W. 3RD AVENUE<br>MIAMI, FL 33136 |
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03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>09-3693095  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>YUKEN, SALOMON<br>1023 N.W. 3RD AVENUE<br>MIAMI, FL 33136 |
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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) DATE \_\_\_\_\_

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | UN0000129155<br>04/26/04-60067-015 158.75 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>YUKEN, SALOMON<br>10101 COLLINS AVE 9A<br>BAL HARBOUR, FL 33154 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>YUKEN, INGRID<br>1143 99TH ST<br>BAY HARBOR, FL 33154           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>YUKEN, JAIME<br>1147 99TH ST<br>BAY HARBOR, FL 33154           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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:**  **SALOMON YUKEN** **04/21/04** **(305) 372-1353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #