

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000039989

1. Entity Name
NEW ARENA SQUARE COMMERCIAL CORPORATION



Principal Place of Business

**1023 N.W. 3RD AVENUE
MIAMI, FL 33136**

Mailing Address

**1023 N.W. 3RD AVENUE
MIAMI, FL 33136**



04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
09-3693095

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YUKEN, SALOMON
1023 N.W. 3RD AVENUE
MIAMI, FL 33136**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YUKEN, SALOMON
STREET ADDRESS	10101 COLLINS AVE 9A
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	S
NAME	YUKEN, INGRID
STREET ADDRESS	10101 COLLINS AVE, #9A
CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE	VP
NAME	YUKEN, JAIME
STREET ADDRESS	10101 E BY HARBOR DR #704
CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80023-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

04/20/07 (305)374-4412