## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 8:00 am Secretary of State

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DOCUMENT # P0200095443  1. Entity Name NATIONAL ARBITRATION COUNCIL, INC.						02-07-2005	5 90098 0	24 ***15	50.00
Principal Plac	e of Business	Mailing Address		l			EΛ	1115	פי
2550 N. FED	DERAL HWY.	PO BOX 234					, <b>J</b> U	01152	<b>4</b> (
SUITE 210		O'BRIEN, FL 32071							
FORT LAUDE	RDALE, FL 33305							414 4.444	
2. Principal P	Place of Business Shekinah Pl	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0131	2005	Chg-P	CR2E0	34 (10/03)	
City & Stat	nien Fl,	City & State		1	Number 0-0001	582		<u> </u>	oplied For ot Applicable
Zip 2.	Country	Zip	Country	5. Ce	rtificate of	Status Desired		<b>\$8.75</b> Add	ditional
<u></u>	2011 Sumannee	<u>l</u>						Fee Require	ed
	6. Name and Address of Current	Registered Agent	Nome	7. Nai	me and A	ddress of New		\gent	
SDIECEL !	& UTRERA, P.A.		Name /	Sarbara	E	Coulth	urst		
1840 SW 2			Street Ad		Number	is Not Acceptab	le)		
4TH FLOC			17	<u>72 W</u>	Mai	is Not Acceptab ∧ ST			
MIAMI, FL			1 8	O. Box	133	7			
			0:5:	· · · · · · · · · · · · · · · · · · ·				Zip Cod	le
			/	Mayo			FL		2066
	e named entity submits this statement for	r the purpose of changing its r	egistered office or	registered agen	t, or both,	in the State of F	lorida. I am i	familiar with,	and accept
เบล ดรักเปิดใ	tions of registered agent.	()	١				,	1 .	
1	~ ) (	1 1 6313	<del></del>					. /	
SIGNATURE_	Dorpara &	Coulthus:	<b>*</b>				1/31	1/05	
SIGNATURE	Signature, typed or printed name of registered agent	and title If applicable. (NOTE:	Registered Agent signatur	ra required when reins	tating)		//3/ DATE	1/05	
SIGNATURE_	Signature, typed or printed name of registered agent					••	1/3/ DATE	/05	•
FIL	Signature, typed or printed name of registered agent  E NOWIII FEE IS \$150,00	9. Election Campaig	n Financing				1/3/ DATE	/05	•
FIL	Signature, typed or printed name of registered agent	9. Election Campaig	n Financing	\$5.00 May Added to Fer			//3/ DATE		•
FIL	Signature, typed or printed name of registered agent  E NOWIII FEE IS \$150,00	9. Election Campaig Trust Fund Contri	n Financing	\$5.00 May Added to Fe	y Be es	HANGES TO OF	DATE		S IN 11
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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 ether like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE PRAME OF SIGNING OFFICER OR DIRECTOR

1-31-0:

935-4660