

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90057 023 ***158.75

DOCUMENT # P02000132195

1. Entity Name

ARLINGTON INTERNATIONAL SERVICES, INC.



Principal Place of Business

11180 WEST FLAGLER STREET
SUITE 7
MIAMI FL 33174

Mailing Address

11180 WEST FLAGLER STREET
SUITE 7
MIAMI FL 33174

24018213



MOORE

CR2E034 (11/03)

2. Principal Place of Business

169 E Flagler St
Suite # 1534
City & State
Miami Florida
Zip
33131
Country
U.S.A

3. Mailing Address

11180 West Flagler Street
Suite # 7
City & State
Miami Florida
Zip
33174
Country
U.S.A

4. FEI Number

16-1646649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATIFF, KHATOON
11180 WEST FLAGLER STREET
SWEETWATER FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLI, ASTRAF	
STREET ADDRESS	11180 WEST FLAGLER STREET	
CITY-ST-ZIP	SWEETWATER FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLI, RAY R	
STREET ADDRESS	11180 WEST FLAGLER STREET	
CITY-ST-ZIP	SWEETWATER FL 33174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PERSAUD, ROY A	
STREET ADDRESS	11180 WEST FLAGLER STREET	
CITY-ST-ZIP	SWEETWATER FL 33174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LATIFF, BIBI	
STREET ADDRESS	11180 WEST FLAGLER STREET	
CITY-ST-ZIP	SWEETWATER FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

03/01/2004

305/9661176