


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM  
Secretary of State

DOCUMENT # P03000032472 1. Entity Name ARVIL INVESTMENT, INC.	
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Principal Place of Business 3746 E COQUINA WAY WESTON, FL 33332	Mailing Address 3746 E COQUINA WAY WESTON, FL 33332
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DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
61-1445637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARELLANO, JOSE M 19155 STONEBROOK AVENUE WESTON, FL 33332
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DO NOT WRITE  
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARELLANO, JOSE M 3746 E COQUIVA WAY WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARELLANO, LILIANA 3746 E COQUIVA WAY WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO, MONICA 3746 E COQUIVA WAY WESTON, FL 33332
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

3/20/06

Date

Daytime Phone #