


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000081169  
 1. Entity Name  
 ARTHUR M. VAUGHN BUILDING CORP.



Principal Place of Business  
 P.O. BOX 8366  
 MIAMI, FL 33155

Mailing Address  
 P.O. BOX 8366  
 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0162334

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VAUGHAN, ARTHUR  
 9141 S.W. 72ND AVENUE  
 UNIT W-1  
 MIAMI, FL 33156

**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 \_\_\_\_\_ (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

U00000629881  
 02/19/07-80019-018 150.00

10. OFFICERS AND DIRECTORS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, ARTHUR M 9141 S.W. 72ND AVENUE UNIT W-1 MIAMI, FL 33156
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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 empowerd.

SIGNATURE: Arthur M. Vaughn / ARTHUR M. VAUGHAN 07 FEB 07 665-4344  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #