2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like

SIGNATURE AND TYPED OR E

SIGNATURE:

Feb 01, 2006 08:00 AM DOCUMENT # P04000006516 **Secretary of State** ARROW APPAREL OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 509 SW 18TH CT. 509 SW 18TH CT. FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 No Chg-P CR2E034 (11/05) 01242006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0625324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, JAMES W DO NOT WRITE 509 SW 18TH CT. FT. LAUDERDALE, FL 33315 IN THIS SPACE 8. The above named entity submits this statement for the ô anging its registered office or registered agent, or both, ip the State of Florida. I am familiar with, and accept the obligations of registered agent DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MILLER, JAMES W NAME STREET ADDRESS 509 SW 18TH CT. FT. LAUDERDALE, FL 33315 CITY-ST-ZIE TITLE n2/11/06-90001-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS 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

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