

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059964

FILED
Jan 25, 2005
Secretary of State

Entity Name: ARISTA CARDS AT LAKE WORTH, INC.

Current Principal Place of Business:

163-23 85TH ST.
QUEENS, NY 11414

New Principal Place of Business:

9859 LAKE WORTH ROAD
SUITE 27 & 28
LAKE WORTH, FL 33467

Current Mailing Address:

163-23 85TH ST.
QUEENS, NY 11414

New Mailing Address:

9859 LAKE WORTH ROAD
SUITE 27 & 28
LAKE WORTH, FL 33467

FEI Number: 20-1494844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MORGENBESSER, SHAWN MR.
8673 VIA GRANDE EAST
WELLINGTON, FL 33411 US

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.

SIGNATURE: SHAWN MORGENBESSER

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MORGENBESSER, SHAWN MR.
Address: 8673 VIA GRANDE EAST
City-St-Zip: WELLINGTON, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN MORGENBESSER

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

Date