

2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am
Secretary of State

05-02-2005 90984 008 ***150.00

DOCUMENT # P04000067509

1. Entity Name
ARBOUR FINANCE CORP.



Principal Place of Business
712 5TH AVE 8TH FL
MANHATTAN, NY 10019

Mailing Address
712 5TH AVE 8TH FL
MANHATTAN, NY 10019

2. Principal Place of Business
2875 NE 191ST STREET

3. Mailing Address
2875 NE 191ST STREET

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
AVENTURA FL

City & State
AVENTURA FL

Zip Country
33180 US

Zip Country
33180 US

04012005 Chg-P CR2E034 (10/03)

4. FEI Number
74-3141254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ
TURNBERRY PLZ STE 801
2875 N E 191ST ST
AVENTURA, FL 33180

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	SOLNICKI, JAMIE VICTOR	712 5TH AVE 8TH FL	MANHATTAN, NY 10019	<input type="checkbox"/> Delete
D	NAJDORF, MIRTA	712 5TH AVE 8TH FL	MANHATTAN, NY 10019	<input type="checkbox"/> Delete
D	SOLNICKI, ALAN	712 5TH AVE 8TH FL	MANHATTAN, NY 10019	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	SOLNICKI, JAMIE VICTOR	2875 NE 191ST STREET #300	AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	NAJDORF MIRTA	2875 NE 191ST STREET #300	AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	SOLNICKI ALAN	2875 NE 191ST STREET #300	AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05 805 935-6955
Date Daytime Phone #