


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90342 048 \*\*\*150.00

<b>DOCUMENT # P04000099222</b> 1. Entity Name <b>ARBOR DESIGNS, INC.</b>					
Principal Place of Business <b>20715 ISLAND ROAD MIAMI, FL 33189</b>			Mailing Address <b>20715 ISLAND ROAD MIAMI, FL 33189</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>KECSKES, ELIZABETH 20411 SW 83 AVENUE MIAMI, FL 33189</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>JERRI SUAREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>20715 Island Rd.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33189</b>	
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: <u><i>J. Suarez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-11-05</u>					
<b>FILE NOW!!!-FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KECSKES, ELIZABETH</b> <b>20411 SW 83 AVENUE</b> <b>MIAMI, FL 33189</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Suarez, Jerri</b> <b>20715 Island Rd.</b> <b>Miami, FL 33189</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUAREZ, ANTONIO J</b> <b>20715 ISLAND ROAD</b> <b>MIAMI, FL 33189</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.					
SIGNATURE: <u><i>J. Suarez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-11-05</u> <u>(305) 259-1759</u> <small>Date Daytime Phone #</small>		

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04082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1316502 Applied For ☐ Not Applicable ☒

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