

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90087 001 ***550.00
08-02-2005 90087 002 *****8.75

66025371



07192005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000104021 1. Entity Name ARZA REALTY, INC.																																																																																																				
Principal Place of Business 639 MICHIGAN BLVD., UNIT 1800 DUNEDIN, FL 34698			Mailing Address 16 ST. MARKS PLACE. APT. 1A NEW YORK, NY 10036																																																																																																	
2. Principal Place of Business <i>639 Michigan Blv</i> Suite, Apt. #, etc. <i>Unit #1800</i> City & State <i>Dunedin Florida</i> Zip <i>34698</i>		3. Mailing Address <i>16 Saint Marks Place</i> Suite, Apt. #, etc. <i>apt # 1A</i> City & State <i>New York NY</i> Zip <i>10003</i>																																																																																																		
4. FEI Number <i>20-1413535</i>		Applied For <input type="checkbox"/> Not Applicable																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NICAJ, NUA 639 MICHIGAN BLVD., UNIT 1800 DUNEDIN, FL 34698																																																																																																
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>7/26/05</i>																																																																																																
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><i>President</i></td> <td><i>NUA NICAJ</i></td> <td><i>16 Saint Marks place</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>New York NY 10003</i></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		<i>President</i>	<i>NUA NICAJ</i>	<i>16 Saint Marks place</i>					<i>New York NY 10003</i>																																					TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition																																								
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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: <i>[Signature]</i> <i>7/26/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																				