
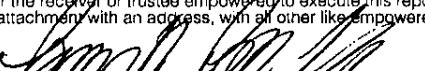


FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000003701						Secretary of State																									
1. Entity Name ARBOR MANAGEMENT OF SOUTH FLORIDA, INC.																															
Principal Place of Business 6760 EASTVIEW DR. LANTANA, FL 33462-3912				Mailing Address 6760 EASTVIEW DR. LANTANA, FL 33462-3912																											
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent PROTESTO, JAMES R 6760 EASTVIEW DR. LANTANA, FL 33462-3912				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
<table border="1"><tr><td>TITLE</td><td>PT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PROTESTO, JAMES</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6760 EASTVIEW DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LANTANA, FL 334623912</td><td></td></tr></table>				TITLE	PT	<input type="checkbox"/> Delete	NAME	PROTESTO, JAMES		STREET ADDRESS	6760 EASTVIEW DR.		CITY-ST-ZIP	LANTANA, FL 334623912		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete																													
NAME	PROTESTO, JAMES																														
STREET ADDRESS	6760 EASTVIEW DR.																														
CITY-ST-ZIP	LANTANA, FL 334623912																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td>VS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ESPINO, EDILBERTO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6760 EASTVIEW DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LANTANA, FL 334623912</td><td></td></tr></table>				TITLE	VS	<input type="checkbox"/> Delete	NAME	ESPINO, EDILBERTO		STREET ADDRESS	6760 EASTVIEW DR.		CITY-ST-ZIP	LANTANA, FL 334623912		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete																													
NAME	ESPINO, EDILBERTO																														
STREET ADDRESS	6760 EASTVIEW DR.																														
CITY-ST-ZIP	LANTANA, FL 334623912																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
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 changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: 				4/4/07																											
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																											