

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Pg 1 of 2

FILED
2006 AUG -1 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07102006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000035034					
1. Entity Name ARK INNOVATORS CORP.					
Principal Place of Business P.O. BOX 610112 NORTH MIAMI, FL 33261 US			Mailing Address P.O. BOX 610112 NORTH MIAMI, FL 33261 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number APPLIED FOR 34-2040514				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMBOLIN, GILBERT SR. 19500 WEST DIXIE HWY. LOT D-409 MIAMI, FL 33180				Name: GILBERT Sambolin Sr. Street Address (P.O. Box Number is Not Acceptable): 803 Cypress Lane City: Hallandale FL Zip Code: 33009-6153	
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 \$550.00 Due by September 8, 2006			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		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMBOLIN, GILBERT SR.		NAME		
STREET ADDRESS	P.O. BOX 610112		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33261		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gilbert Sambolin Sr.			954-456-9781		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

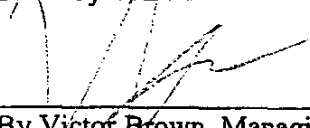
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NOTICE

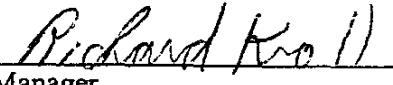
To: Gilbert Sambolin
and all others claiming by, through, under or against
19500 W. Dixie Highway, Lot D-409
Miami, Florida 33180
and located in Miami-Dade County, Florida

YOU ARE HEREBY NOTIFIED THAT YOUR MONTH-TO-MONTH TENANCY IS
HEREBY TERMINATED, AND YOU ARE TO VACATE THE PREMISES BY
JANUARY 31, 2006.

BMS Ojus, LLC

By Victor Brown, Managing Member

I HEREBY CERTIFY THAT THIS NOTICE WAS SERVED UPON THE PERSON
ABOVE NAMED THIS 16 DAY OF JANUARY, 2006.

I HEREBY CERTIFY THAT THE PERSON ABOVE NAMED WAS ABSENT FROM
HIS USUAL PLACE OF RESIDENCE, AND THIS NOTICE WAS LEFT AT SAID
RESIDENCE BY POSTING SAME ON DOOR THIS 16 DAY OF JANUARY,
2006.


Manager