

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129114

Entity Name: ARIK HALFON PA

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

17150 N. BAY RD., SUITE 2207  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

17150 N. BAY RD.  
2514  
SUNNY ISLES, FL 33160

## Current Mailing Address:

17150 N. BAY RD., SUITE 2207  
SUNNY ISLES, FL 33160

## New Mailing Address:

17150 N. BAY RD.  
2514  
SUNNY ISLES, FL 33160

FEI Number: 20-3505993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: HALFON, ARIK  
Address: 17150 N. BAY RD., SUITE 2207  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: HALFON, ARIK  
Address: 17150 N. BAY RD., SUITE 2514  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIK HALFON

PRES

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date