

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P32811

1. Entity Name
EXECUTIVE RARITIES, INC.



Principal Place of Business
**360W INDIANTOWN RD
JUPITER, FL 33458 US**

Mailing Address
**360 W INDIANTOWN RD
JUPITER, FL 33458 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2921907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDS, GARY D.
SUITE 801
5355 TOWN CENTER ROAD
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD SALSTEIN, ARTHUR 303 N CALOOSAHATCHEE JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALSTEIN, ARTHUR 6279 RIVERWALK LANE #6 JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALSTEIN, ARTHUR 6279 RIVERWALK LN #6 JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/10/07-80011-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Salstein
ARTHUR SALSTEIN 575-5550

Date

Daytime Phone #