2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P34538

1. Entity Name

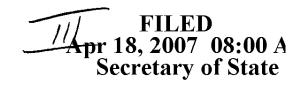
ARBÉRN BUILDING COMPANY, INC.



Principal Place of Business

301 YAMATO ROAD **SUITE 3101** BOCA RATON, FL 33431 Mailing Address

301 YAMATO ROAD **SUITE 3101** BOCA RATON, FL 33431





O NOT WOITE II	03052007 No Chg-P CR2E034 (11/05)		
DO NOT WRITE II	N THIS SPACE	4. FEI Number	Applied For
	*	51-0334890	Not Applicable
	8	i a. Certificate of atatus desired i i i i	8.75 Additional se Required
6. Name and Address of Current Regis	tered Agent		
STOLTZ II, MORRIS L 301 YAMATO RD SUITE 3101 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the the obligations of registered agent.	ourpose of changing its registered office or re	egistered agent, or both, in the State of Florida. I am fai	niliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little	if applicable (NOTE: Registered Agent signature	required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00	9. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	

After May 1, 2007 Fee will be \$550.00

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS TITLE MITCHELL, ROBERT R NAME STREET ADDRESS 301 YAMATO RD, STE 3101 CITY-ST-ZIP BOCA RATON, FL 33431 ΡD STOLTZ II, MORRIS L NAME STREET ADDRESS 301 YAMATO RD, STE 3101 CITY+ST-ZIP BOCA RATON, FL 33431 REICHENBAUM, RALPH NAME STREET ADDRESS 301 YAMATO RD, #3101 CITY-\$1-ZIP BOCA RATON, FL 33431 STOLTZ, II, A. ARCHIE NAME 301 YAMATO RD, #3101 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

U00000714684

事,有其实人,但是"知识"的"有"。 "

12.	I hereby certify that the information supplied with this filling 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.

SIG	M	ΔΤΙ	IDE

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME A SIGNING OFFICER OR DIRECTOR

Daytime Phone #