

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 AM 8:12

DOCUMENT # P39903

1. Entity Name
ARBERN CHARTERS, INC.



Principal Place of Business
301 YAMATO ROAD, STE. 3101
BOCA RATON, FL 33431

Mailing Address
301 YAMATO ROAD, STE. 3101
BOCA RATON, FL 33431



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0238124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOLTZ, MORRIS L II
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 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STOLTZ, MORRIS L II
STREET ADDRESS 301 YAMATO ROAD, STE. 3101
CITY - ST - ZIP BOCA RATON, FL 33431

TITLE S
NAME STOLTZ, A. ARCHIE II
STREET ADDRESS 301 YAMATO ROAD, STE. 3101
CITY - ST - ZIP BOCA RATON, FL 33431

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800130740028
06/04/08-01034-003 **2900.00

**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

Date

Daytime Phone #

4/28/08 561-998-3311

5/22/08