2004 FOR PROFIT CORPORATION

Sep 20, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P94000066363 1. Entity Name 09-20-2004 90001 035 ***150.00 ARPITA, INC. Principal Place of Business Mailing Address 2480 STATE ROAD 207 ST. AUGUSTINE FL 32086 **30 NE 51ST AVE** AZAI 9TTD OCALA FL 34470 3. Mailing Address 2. Principal Place of Business 14679 DUVAL RD 14679 Suite. Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number City & State Applied For 59-3266038 JACKSON VILLE, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J-AIMANI -TE-L PATEL, JAIMINI S 2480 STATE ROAD 207 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 JACKSONUTILE 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. (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete PATEL, JAIMINI S NAME NAME 2480 STATE ROAD 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ST. AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #

Htach Ment 57073116 Dr. 74/94000066363

Dear Sir/Madam,

In April Month I desperately try to process the renewal through your internet site sunbiz.org as I was informed by my colleague, though I had not had any document for 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR), I spent so much time but at the end the transaction would not go through. After several attempts I gave up and decided to wait for the document. I hope you will understand our first time ever effort to complete the payment transaction without any success.

Sincerely,

JAIMINI S PATEL