


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000035364</b>	
<b>1. Entity Name</b> <b>ARBEIT CORPORATION</b>	

<b>Principal Place of Business</b> 4475 U.S. 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086 US	<b>Mailing Address</b> 1884 530 FIRST AVE 7H NEW YORK, NY 10016 US
--	---

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 13-3833466	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ROBINS, PERRY  
4475 U.S. 1 SOUTH, Suite 504  
ST. AUGUSTINE, FL 32086

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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000816191 02/14/08-80039-016 150.00
---	---	--

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	VPD
<b>NAME</b>	ROBINS, ELIZABETH
<b>STREET ADDRESS</b>	330 E. 38TH STREET, APT. 41N
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10016
<b>TITLE</b>	STD
<b>NAME</b>	ROBINS, LARRY
<b>STREET ADDRESS</b>	330 E. 38TH STREET, APT. 41N
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10016
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:** Perry Robins Perry Robins 2/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #