

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035364

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** ARBEIT CORPORATION

**Current Principal Place of Business:**

4475 U.S. 1 SOUTH  
SUITE 506C  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

4475 U.S. 1 SOUTH  
SUITE 601B  
ST. AUGUSTINE, FL 32086 US

**Current Mailing Address:**

4475 U.S. 1 SOUTH  
SUITE 506C  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

4475 U.S. 1 SOUTH  
SUITE 601B  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 13-3833466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINS, ELIZABETH  
4475 U.S. 1 SOUTH  
504  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

ROBINS, ELIZABETH  
4475 U.S. 1 SOUTH  
601B  
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE:

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: ROBINS, ELIZABETH  
Address: 4475 US 1 SOUTH, STE 601B  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: STD  
Name: ROBINS, LAWRENCE  
Address: 4475 US 1 SOUTH, STE 601B  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH ROBINS

VPD

02/13/2012

Electronic Signature of Signing Officer or Director

Date