Sep 12, 2006 8:00 am
Secretary of State
09-12-2006 90010 017 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088268

1. Entity Name
ARYEH MEIR VILENSKI REAL ESTATE, INC

60038784

Principal Place of Business	Mailing Address
17101 N.E. 6 AVENUE NORTH MIAMI BEACH, FL 33162	17750 NW 9 PLACE NORTH MIAMI BEACH, FL 33162 17750 N.E.9. PLACE

09062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0549286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILENSKI, ARYEH MEIR
17101 N.E. 6 AVENUE
NORTH MIAMI BEACH, FL 33162

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VILENSKI, ARYEH MEIR
STREET ADDRESS	17101 N.E. 6 AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	VPD
NAME	VILENSKI, GITA
STREET ADDRESS	17101 NE 6 AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ARYEH M. VILENSKI 9.6.06 3056531440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MY MAILING ADDRESS
IS. 17750 N.E. (NORTH EAST)
9TH PLACE.
NORTH MIAMI BEACH
FL 33162