

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002908

FILED
Apr 30, 2004
Secretary of State

Entity Name: ARKA INVESTMENTS CORPORATION

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

New Principal Place of Business:

801 BRICKELL AVENUE, SUITE 1580
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

New Mailing Address:

801 BRICKELL AVENUE, SUITE 1580
MIAMI, FL 33131

FEI Number: 65-0450538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOBEGAS, NELSON
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SLOBEGAS, NELSON
801 BRICKELL AVENUE, SUITE 1580
MIAMI, FL 33131 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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARKALJI, CHARLES
Address: 501 BRICKELL KEY DRIVE SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ARKALJI, RAFI
Address: 501 BRICKELL KEY DRIVE SUITE 400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARKALJI, CHARLES
Address: 801 BRICKELL AVENUE, SUITE 1580
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: ARKALJI, RAFI
Address: 801 BRICKELL AVENUE, SUITE 1580
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES ARKALJI

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date