

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90020 023 \*\*\*150.00

**DOCUMENT # P96000011709**

1. Entity Name  
ARBIL INC.



Principal Place of Business  
355 HIATT DR.  
SUITE C  
PALM BEACH GARDENS, FL 33418

Mailing Address  
355 HIATT DR.  
SUITE C  
PALM BEACH GARDENS, FL 33418

40041678



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0640946

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERIN, WILLIAM J  
355 HIATT DR.  
SUITE C  
PALM BEACH GARDENS, FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T  
NAME HALPERIN, STACEY  
STREET ADDRESS 355 HIATT DR SUITE C  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 ☐ Delete

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
NAME HALPERIN, WILLIAM  
STREET ADDRESS 355 HIATT SR STE C  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 ☐ Delete

☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

*William Halperin* WILLIAM HALPERIN

Date

Daytime Phone #

3/27/06 775-3444