2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-08-2004 90187 037 ***150.00

DOCUMENT # P98000074898

1. Entity Name
ARABESQUES, INC.

Principal Place of Business	Mailing Address
91 NE 40TH STREET MIAMI, FL 33137	91 NE 40TH STREET MIAMI, FL 33137

66430415

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0859583
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMAND, PEGGY
91 NE 40TH STREET
MIAMI, FL 33137

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMAND, PEGGY
STREET ADDRESS	91 NE 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Peggy Armand 6/30/04 305-571-8808
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66430415

Miami

July 20, 2004

From:

Arabesques
Peggy Armand
91 N.E. 40th Street
Miami FL, 33137

To:

Florida Department of Sate

Reference Number: **P98000074898**

Dear Sir, Mam.

This letter is to confirm that I did not receive a notice of Annual Report for this year. I already sent a check in the amount of $150.00 and request that the $400.00 late fee be waved.

Best regards,

Peggy Armand

Peggy Armand