2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2005 08:00 AM Secretary of State DOCUMENT # P98000077830 1. Entity Name ARRAWAK DEVELOPMENT CORPORATION Principal Place of Business _ Mailing Address 8035 W 21ST LANE 4966 CHARDONNAY DR HIALEAH FL 33016 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0863403 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVARO, ENRICO Street Address (P.O. Box Number is Not Acceptable) 4966 CHÁRDONNAY DRIVE CORAL SPRINGS FL 33067 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition 1/000000227055 NAME NOVARO, RICK NAME 02/12/05-80040-021 150.00 STREET ADDRESS 4966 CHARDONNAY DR STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-7/P ☐ Delete TITLE TITLE Change ☐ Addition NAME NOVARO, KATY NAME 4966 CHARDONNAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CHTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

)-9-05 Date

757-673-7979 Daytme Phone #