

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 046 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P98000077830 1. Entity Name ARRAWAK DEVELOPMENT CORPORATION | | | | | |
| Principal Place of Business 8035 W 21ST LANE HIALEAH, FL 33016 | | | Mailing Address 4966 CHARDONNAY DR CORAL SPRINGS, FL 33067 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 3101 SW 144th Terrace Suite, Apt. #, etc. | | 01252006 Chg-P CR2E034 (11/05) | |
| City & State Zip Country | | City & State DAVIE, FL Zip Country 33330 USA | | 4. FEI Number 65-0863403 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent NOVARO, ENRICO 4966 CHARDONNAY DRIVE CORAL SPRINGS, FL 33067 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P NOVARO, RICK 4966 CHARDONNAY DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 3101 SW 144th Terrace DAVIE, FL 33330 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T NOVARO, KATY 4966 CHARDONNAY DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 3101 SW 144th Terrace DAVIE, FL 33330 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: | | | 1-25-06 954-673-9414 <small>Date Daytime Phone #</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |