

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099115

Entity Name: ARBEL FARMS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 960219
MIAMI, FL 33296 US

New Principal Place of Business:

10700 S.W.108TH AVE.
#206
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 960219
MIAMI, FL 33296 US

New Mailing Address:

FEI Number: 65-0882704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELSKY, ART H
6300 SW 16 TERR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELSKY, ARTHUR H
Address: 6300 S.W. 16TH TERRACE
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: BELSKY, NORMA
Address: 6300 S.W. 16TH TERRACE
City-St-Zip: MIAMI, FL 33155

Title: VD () Delete
Name: EDLER, WOLFGANG
Address: 9019 SOUTH MOUNTAIN LAKE AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: SD () Delete
Name: BELSKY, CELIA
Address: 10700 S.W. 108TH AVE. #206
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARTHUR H BELSKY

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date