

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 001 ***150.00

DOCUMENT # P99000011574

1. Entity Name
ARDEN CONSULTANTS, INC.



Principal Place of Business
19630 SAWGRASS CIRCLE
SUITE 2901
BOCA RATON, FL 33434

Mailing Address
19630 SAWGRASS CIRCLE
SUITE 2901
BOCA RATON, FL 33434

50027300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0894203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KRAVETTE
19630 SAWGRASS CIRCLE
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name KRAVETTE, RUTH

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

19630 SAWGRASS CIRCLE

City BOCA RATON

FL

Zip Code 33434

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

[Signature] 3/14/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE PTD
NAME KRAVETTE, RUTH
STREET ADDRESS 19630 SAWGRASS CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete

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

TITLE SVD
NAME KRAVETTE, LEWIS
STREET ADDRESS 19630 SAWGRASS CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

[Signature]

RUTH KRAVETTE

[Signature] 3/14/05 5614794362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #