

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S47643

1. Entity Name
518 ARTHUR GODFREY ROAD, INC.



Principal Place of Business
4434 N BAY RD
MIAMI BCH, FL 33140

Mailing Address:
4434 N BAY RD
MIAMI BCH, FL 33140

DO NOT WRITE IN THIS SPACE

**FILED
Apr 29, 2008 8:00 am
Secretary of State**

04-29-2008 90074 026 ***150.00

4000011



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0278854	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, ABBEY
4434 N BAY RD
MIAMI BCH, FL 33140

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	BERKOWITZ, ABBEY
STREET ADDRESS	4434 N BAY RD
CITY-ST-ZIP	MIAMI BCH FL, 33140

TITLE	D
NAME	BERKOWITZ, STEVEN
STREET ADDRESS	4434 N BAY RD
CITY-ST-ZIP	MIAMI BCH FL, 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

Daytime Phone #

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IN THIS SPACE**

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