



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S96974 1. Entity Name ARKO MANAGEMENT INC.			
Principal Place of Business 220 SUNRISE AVE SUITE 216 % LMS SECURITIES CORP PALM BEACH, FL 33480		Mailing Address 220 SUNRISE AVE SUITE 216 % LMS SECURITIES CORP PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE			
			
		01252006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0298230		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 KOZAK, AARON LMS SECURITIES CORP 220 SUNRISE AVE SUITE 216 PALM BEACH, FL 33480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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		1100000411262 02/09/06-80069-025 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TOREN, ARNOLD 192 LEXINGTON AVE SUITE 1100 NEW YORK, NY 10016	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD KOZAK, ELLEN L 284 LAFAYETTE ST 4D NEW YORK, NY 10012		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		212-889-6371 Daytime Phone #	