

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 003 ***150.00

DOCUMENT # P01000053482	
1. Entity Name ALAIN ARRIETA, INC.	

Principal Place of Business 14236 SW 158TH PLACE MIAMI, FL 33196	Mailing Address 14236 SW 158TH PLACE MIAMI, FL 33196
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



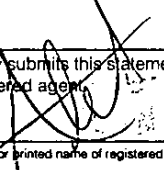
01272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1117190	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARRIETA, ALAIN 14236 SW 158TH PLACE MIAMI, FL 33196	
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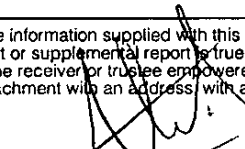
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 1/28/05

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, CHRISSY 161 E 55TH STREET HIALEAH, FL 33013 ☐ Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Garcia, Chrissy 14236 SW 158 PL Miami, FL 33196 ☒ Change ☐ Addition
S NAME STREET ADDRESS CITY-ST-ZIP	ARRIETA, DALIA 161 EAST 55 ST. HIALEAH, FL 33013 ☐ Delete	S NAME STREET ADDRESS CITY-ST-ZIP	Arrieta, Dalia 14236 SW 158 PL Miami, FL 33196 ☒ Change ☐ Addition
T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	T NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	S NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	T NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	S 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.	
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SIGNATURE: 	DATE 1/28/05	DAYTIME PHONE # (305) 270-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		