

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 049 ***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		
2. Principal Place of Business - No P.O. Box # 19308 SW 80 CT		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cutler Bay FL		City & State		4. FEI Number 65-1117190	
Zip 33157		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARRIETA, ALAIN 14236 SW 158TH PLACE MIAMI, FL 33196			7. Name and Address of New Registered Agent Name: <u>Alain Arrieta</u> Street Address (P.O. Box Number is Not Acceptable): <u>19308 SW 80 CT</u> City: <u>Cutler Bay</u> FL Zip Code <u>33157</u>		
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: <u>4/5/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, CRISSY ☐ Delete 14236 SW 158 PL MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition Chrissy Garcia 19308 SW 80 CT Cutler Bay FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete ARRIETA, DALIA 14236 SW 158 PL MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition Dalia Arrieta 19308 SW 80 CT Cutler Bay FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☒ Addition Alain Arrieta 19308 SW 80 CT Cutler Bay FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS 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 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:			Date: <u>4/5/07</u> Daytime Phone #: <u>(305) 336-0555</u>		

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