

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# P02000125487

Entity Name: PHOENIX ARIA, INC.

**Current Principal Place of Business:**

841 LYONS ROAD  
24206  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

841 LYONS ROAD  
24206  
COCONUT CREEK, FL 33063

**New Mailing Address:**

FEI Number: 74-3070484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARROYO, LYNN  
841 LYONS ROAD  
24206  
COCONUT CREEK, FL 33063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARROYO, LYNN  
Address: 841 LYONS ROAD #24206  
City-St-Zip: COCONUT CREEK, FL 33063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WALDNER, MARIA  
Address: 1830 RADIUS DRIVE #911  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN ARROYO

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date