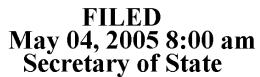
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P0400010121 1. Entity Name ARRASTIA ENTERPRISES SERVICES, INC.				Secretary of State 05-04-2005 90181 037 ***150.00			
Principal Place 19475 SW 9 MIAMI, FL 33	1 STREET	Mailing Address 19475 SW 91 STREET MIAMI, FL 33187	1				
2. Principal P	Place of Business	3. Mailing Address 9010 SW 13	7th Ave.				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 113		04252005 Chg-P CR2E034 (10/03)			
City & State	***************************************	City & State Miami, Fl.		4. FEI Number Applied Fo 54 – 21 4 0 3 2 Not Applied			
Zip	Country 6. Name and Address of Currer	Zip 33186	Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required			
	O. Hallic diki Muutaaa of Gustel	n Hegisteleti Agent	Name	7. Name and Address of New Registered Agent			
ARRASTIA, ROBERT 19475 SW 91 STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL.	33167	;; /					
		3	City	FL Zip Code			
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept		
-	edita di Poglotoroo agoni.	•	•				
SIGNATURE_	Signature, typed or printed name of registered age	ant and title if applicable. (NOT)	: Registered Agent signature requi	tuked when reinstating) DATE	-		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550		ribution. A	\$5.00 May Be Added to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Additional Additio			
NAME STREET ADDRESS GHY-ST-ZIP	ARRASTIA, ROBERT 19475 SW 91 ST. MIAMI, FL 33187	∟ ටමන්ව	NAME STREET ADDRESS GITY-ST-ZIP	لله ل Viailye ل الهادي	AGALAUA)		
TITLE		☐ Delete	TITLE	Change Ad	ddition		
name Street address			name Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	Change Ad	ddition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
City-St-Zip			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change ☐ Ad	dáition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME STREET ADDRESS			NAME STREET ADDRESS				
CITYST-ZIP			GiTY-ST-ZIP				
TITLE		☐ Delete	TITLE	Change Ad	ddition		
NAME Street address			name Street aderess				
CITY-ST-ZIP			CPTY-ST-ZIP				
of the cor	i on this report or supplemental report	t is true and accurate and that in apowered to execute this report	ny signature shall have th as required by Chapter 6	n Section 119.07(3)(i), Florida Statutes. I further certify that the informati the same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes, and that my name appears in Block 10 or Block	ector		

SIGNATURE:	DOBERT	ARRASTIA	4/28	
	SIGNATURE AND TYPED OR P	RINTED HAME OF SIGNING OFFICER OR DIRECTOR	Cale	Daytime Phone #