

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90174 001 \*\*\*150.00  
05-22-2007 90174 002 \*\*\*\*\*8.75  
05-22-2007 90174 003 \*\*\*\*\*5.00

**DOCUMENT # P05000094593**

1. Entity Name  
**ARIAS. ENTERPRISES CORP**



Principal Place of Business  
**1790 WEST 49TH STREET  
HIALEAH, FL 33012**

Mailing Address  
**9006 NW 114 TERRACE  
HIALEAH GARDENS, FL 33018**

2. Principal Place of Business - No P.O. Box #  
**1790 West 49th Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 305-15**

Suite, Apt. #, etc.

City & State  
**Hialeah**

City & State

Zip  
**33012** Country  
**Florida**

Zip Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**34-2051126**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARIAS, ERNESTO  
9006 NW 114 TERRACE  
HIALEAH GARDENS, FL 33018**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ARIAS, ERNESTO  
9006 NW 114 TERRACE  
HIALEAH GARDENS, FL 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**24 Apr 07**

Date

**305 826 6262  
786 252 7835**

Daytime Phone #