

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90097 001 *****8.75
 04-29-2008 90097 002 ***150.00



DOCUMENT # P05000094593
 1. Entity Name
ARIAS. ENTERPRISES CORP

Principal Place of Business
**1790 WEST 49TH STREET
 STE 305-15
 HIALEAH, FL 33012**

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

65008617



2. Principal Place of Business - No P.O. Box #
9006 NW 114th Terrace

3. Mailing Address
 Suite, Apt. #, etc.

04222008 Chg-P CR2E034 (12/06)

City & State
Hialeah Gardens, Florida

City & State
 Suite, Apt. #, etc.

Zip
33018

Country
U.S.A

4. FEI Number
34-2051126

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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

7. Name and Address of New Registered Agent

Name
N/A

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	PD ARIAS, ERNESTO 9006 NW 114 TERRACE HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernesto Arias, President* **25 Apr 08** **786 252 7835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #