

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90082 033 ***150.00

DOCUMENT # P02000103144

1. Entity Name
ARACOW HOLDINGS, INC.



Principal Place of Business

**8356 NW 30TH TERRACE
MIAMI, FL 33122**

Mailing Address

**PO BOX 432235
SOUTH MIAMI, FL 33243**

34068318



2. Principal Place of Business

8578 NW 23 ST.

3. Mailing Address

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

22-3873452

Applied For

Not Applicable

Zip

33122

Country

U.S.

Zip

33243

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, PADIAL & COMPANY
999 PONCE DE LEON
SUITE 715
CORAL GABLES, FL 33139**

7. Name and Address of New Registered Agent

Name **Jose I. Padial, PA**

Street Address (P.O. Box Number is Not Acceptable)

2600 Douglas Rd.

PH 6

City

Coral Gables

FL

Zip Code

33134

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

Jose Padial

Jose Padial registered agent

4/13/04

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **PD** ☒ Delete
NAME **PASSARELLI, JOSE M**
STREET ADDRESS **8356 NW 30TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33122**

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

TITLE **SD** ☒ Delete
NAME **LYLES, RICK**
STREET ADDRESS **8356 NW 30TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33122**

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

TITLE **VD** ☐ Delete
NAME **FERREIRA, RENATO**
STREET ADDRESS **PO BOX 432235**
CITY-ST-ZIP **SOUTH MIAMI, FL 33243**

TITLE ☒ Change ☐ Addition
NAME **Resident / Director**
STREET ADDRESS **Renato Ferreira**
CITY-ST-ZIP **PO Box 432235**
South Miami, FL 33243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/04