


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 019 ***150.00

DOCUMENT # P03000049007

1. Entity Name
ARIMAO PRODUCE, CORP.



Principal Place of Business Mailing Address
 1332 SW 2 ST #1 1332 SW 2 ST #1
 MIAMI, FL 33135 MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Same *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

90003000



01112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
02-0689714 Not Applicable

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

6. Name and Address of Current Registered Agent

LARA, FELICIANA D
 1332 SW 2 ST #1
 MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name *Same*
 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: *Feliciana D. Lara* DATE: *1/26/07*

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		
TITLE	P	<input type="checkbox"/> Delete
NAME	LARA, FELICIANA D	
STREET ADDRESS	1332 SW 2 ST #1	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIAZ, ROBERTO J	
STREET ADDRESS	1332 SW 2 ST #1	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Feliciana D. Lara* DATE: *1/26/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR