

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000009932

**Entity Name:** ARIAS & ASSOCIATES, INC.

**Current Principal Place of Business:**

7270 N.W. 12 STREET  
#200  
MIAMI, FL 33126

**Current Mailing Address:**

7270 N.W. 12 STREET  
#200  
MIAMI, FL 33126

**FEI Number:** 65-0722532

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ARIAS, MARIAZELL H  
7270 N.W. 12 STREET  
200  
MIAMI, FL 33126 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D/P  
Name            ARIAS, MARIAZELL H  
Address        1209 QUEENS HARBOR BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title            T  
Name            MARQUEZ, MICHELLE C  
Address        1209 QUEENS HARBOR BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title            V  
Name            LAURENCIO, EVELYN M  
Address        14640 MAHOGANY COURT  
City-State-Zip: MIAMI LAKES FL 33014

Title            SD  
Name            ARIAS, ARMANDO  
Address        1209 QUEENS HARBOR BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIAZELL H. ARIAS

**D/P**

**03/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date