

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 234669

FILED
Mar 26, 2004
Secretary of State

Entity Name: A R I C O

Current Principal Place of Business:

AARON GOLDMAN
1123 71ST ST
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

AARON GOLDMAN
1123 71ST ST
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-6057933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, AARON
1123 71ST. STREET
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GOLDMAN, SALLY,
Address: OCEANIA CONDO, 16425 COLLINS AVENUE # 2414
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: GOLDMAN, ARNOLD L
Address: 1123 71 ST
City-St-Zip: MIAMI, FL 33141

Title: PD () Delete
Name: GOLDMAN, AARON,
Address: 5255 COLLINS AVE 6A
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AARON GOLDMAN

PD

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date