

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 234669

FILED  
Apr 28, 2009  
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:**

LEWIN, JONATHAN  
110 S SHORE DR  
#5F  
MIAMI BEACH, FL 331413981 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: D ( ) Delete  
Name: GOLDMAN, SALLY  
Address: OCEANIA CONDO, 16425 COLLINS AVE #2414  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: LEWIN, JONATHAN  
Address: 110 SOUTH SHORE DRIVE APT 5F  
City-St-Zip: MIAMI, FL 33141

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

Title: TD ( ) Delete  
Name: LEWIN, PEARL  
Address: 4231 N WALNUT AVENUE  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JONATHAN LEWIN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date