


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 352258</b>	
1. Entity Name A. R. A TAPES, INC.	

Principal Place of Business 3081 NW 24TH STREET MIAMI, FL 33142	Mailing Address 3081 NW 24TH STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEE Number 59-1279421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FREYRE, ELVIRA  
3081 NW 24TH ST.  
MIAMI, FL 33142

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

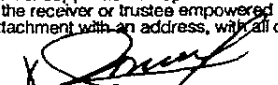
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDEZ, JUAN B. 2501 SW 105 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ARMADA, JOSE 8906 NW 194 TERR HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FREYRE, ELVIRA C/O 3081 NW 24TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/04-80059-018 150.00

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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:**  **2-12-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #