

# IMPORTANT INSTRUCTIONS

DOCUMENT # 459175

1. Entity Name  
"ARIJA B", INC.



**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
44 ALGONQUIN CT  
MARCO ISLAND 34145

Mailing Address  
PO BOX 984  
MARCO ISLAND FL 34146



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
City & State

4. FEI Number **59-1549074** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>BONSALL, ARIJA</b> <b>44 ALGONQUIN COURT</b> <b>MARCO ISLAND FL 34145</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BONSALL, ARIJA 44 ALGONQUIN CT MARCO ISLAND FL 34145	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000735454</b> <b>05/10/07-80034-011 150.00</b>
NAME	BONSALL, ARIJA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	44 ALGONQUIN CT	STREET ADDRESS	
CITY- ST- ZIP	MARCO ISLAND FL 34145	CITY- ST- ZIP	
TITLE	ST BONSALL, CHARLES J 44 ALGONQUIN CT MARCO ISLAND FL 34145	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSALL, CHARLES J <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	44 ALGONQUIN CT	STREET ADDRESS	
CITY- ST- ZIP	MARCO ISLAND FL 34145	CITY- ST- ZIP	
TITLE	D BONSALL, CHARLES E 1201 JAMAICA ROAD MARCO ISLAND FL 34145	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSALL, CHARLES E <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1201 JAMAICA ROAD	STREET ADDRESS	
CITY- ST- ZIP	MARCO ISLAND FL 34145	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arija Bonsall 4-24-07 239-450-2837

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