

ANNUAL REPORT (AR)**DOCUMENT # 459179**

1. Entity Name

"ARIJA B", INC.**FILED**
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90014 031 ***150.00

Principal Place of Business

Mailing Address

44 ALGONQUIN CT
MARCO ISLAND 34145**PO BOX 984**
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

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

BONSALL, ARIJA
44 ALGONQUIN COURT
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the above named entity submit 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: Agent or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when nominating) DATE

FILE NOW!!! FEE IS \$150.00**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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	BONSALL, ARIJA	44 ALGONQUIN CT	MARCO ISLAND FL 34145				
ST	BONSALL, CHARLES J	44 ALGONQUIN CT	MARCO ISLAND FL 34145				
D	BONSALL, CHARLES E	1201 JAMAICA ROAD	MARCO ISLAND FL 34145				

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.

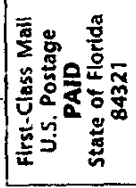
SIGNATURE:

Arija Bonsall

4-10-08 237-450-9637

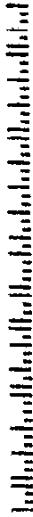


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314



ANNUAL REPORT NOTICE

0908367 01 A/V 0.181 **AUTO T4 11201 34148-088484



'ARLJA, B', INC.

PO BOX 984

MARCO ISLAND FL 34148-0884

ATTACHMENT
40101420
#459179

AFTER / SENT THIS CARD BACK /
DID NOT RECEIVE THE ANNUAL
REPORT DOCUMENT. / TOOK A
COPY OF AN OLD REPORT / AM
ENCLOSING THE FEE. / Aija Bousard