ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90014 031 ***150.00

DOCUMENT # 459179

1. Entity Name

"ARIJA B", INC.

Principal Place of Business	Mailing Address
44 ALGONQUIN CT MARCO ISLAND 34145	PO BOX 984 MARCO ISLAND FL 34146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1549074 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BONSALL, ARIJA
44 ALGONQUIN COURT
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

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

City FL 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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

2008

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BONSALL, ARIJA	44 ALGONQUIN CT	MARCO ISLAND FL 34145	☐ Delete
ST	BONSALL, CHARLES J	44 ALGONQUIN CT	MARCO ISLAND FL 34145	☐ Delete
D	BONSALL, CHARLES E	1201 JAMAICA ROAD	MARCO ISLAND FL 34145	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

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 J Bonsall 4-10-08 239-450-0637

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

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ANNUAL REPORT NOTICE

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'ARIJA B', INC.
PO BOX 984
MARCO ISLAND FL 34146-0984

AFTER I SENT THIS CARD BACK I DID NOT RECEIVE THE ANNUAL REPORT DOCUMENT. I TOOK A COPY OF AN OLD REPORT. I AM ENCLOSING THE FREE. Arija Bausar