

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 023 ***150.00

DOCUMENT # 469076
 1. Entity Name
ARROYO INVESTMENTS, INC.



44003070

Principal Place of Business: 1121 CRANDON BLVD. STE. E-402 KEY BISCAYNE, FL 33149
 Mailing Address: C/O JOSEPH M. FILLOY, CPA, PA 100 N. BISCAYNE BLVD., SUITE 700 MIAMI, FL 33132



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

01062004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1657838 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: FILLOY, JOSEPH M 100N BISCAYNE BLVD STE 700 MIAMI, FL 33132
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	BOUSHEHRI, MEHDI	TITLE: VP	BOUSHEHRI, NICHOLAS
STREET ADDRESS: 1121 CRANDON BLVD.E-402	KEY BISCAYNE, FL	STREET ADDRESS: 1121 CRANDON BLVD D-203	KEY BISCAYNE, FL 33149
CITY-ST-ZIP: KEY BISCAYNE, FL		CITY-ST-ZIP: KEY BISCAYNE, FL 33149	
TITLE: VSTD	PORCHER, JACQUELINE	TITLE:	
STREET ADDRESS: 1121 CRANDON BLVD.E-402	KEY BISCAYNE, FL	STREET ADDRESS:	
CITY-ST-ZIP: KEY BISCAYNE, FL		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
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 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: MEHDI BOUSHEHRI Date: 1/9/04 Daytime Phone #: 305 373-7515