

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1657838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FILLOY, JOSEPH M
100N BISCANE BLVD STE 700
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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 BOUSHEHRI, MEHDI 1121 CRANDON BLVD.E-402 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PORCHER, JACQUELINE 1121 CRANDON BLVD.E-402 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUSHEHRI, NICHOLAS 1121 CRANDON BLVD D-203 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/05-80071-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2 2005 305 373 7515

Date

Daytime Phone