


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90243 004 \*\*\*150.00

<b>DOCUMENT # 469076</b>	
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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Aballi Milne Suite, Apt. #, etc. 1 S.E. Third Ave., #2250 City & State Miami, Florida Zip 33131	Country USA
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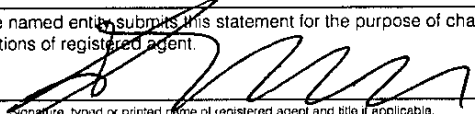


03032006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1657838	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent FILLOY, JOSEPH M 100N BISCANE BLVD STE 700 ****(DECEASED 8/5/05)***** MIAMI, FL 33132	7. Name and Address of New Registered Agent Name AMKE Registered Agents LLC Street Address (P.O. Box Number is Not Acceptable) One S E Third Avenue, Suite 2250 City Miami FL Zip Code 33131
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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  ARTURO J. ABALLI, Manager March 3, 2006 (NOTE: Registered Agent signature required when reinstating)
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUSHEHRI, MEHDI 1121 CRANDON BLVD.E-402 KEY BISCAYNE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PORCHER, JACQUELINE 1121 CRANDON BLVD.E-402 KEY BISCAYNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Porcher, Jacqueline 1121 Crandon Blvd., E-402 Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUSHEHRI, NICHOLAS 1121 CRANDON BLVD D-203 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2006

Date

305-373-7515

Daytime Phone #