


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 636966
 1. Entity Name
ARIZA, INC.



Principal Place of Business 631 SMOKERSIDE BLVD. LONGWOOD, FL 32779	Mailing Address 631 SMOKERSIDE BLVD. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1971949	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARIZ, JOSE M
631 SMOKERSIDE BLVD.
LONGWOOD, FL 32779

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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	T ARIZA, BETTE 631 SMOKERSIDE BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ARIZA, BETTIE P 631 SMOKERSIDE BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV ARIZA, BETTE 456 S. MILWEE STREET LONGWOOD, FL 00000
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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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 ~~is~~ empowered.

SIGNATURE: *Bettie P. Ariza* **BETTIE P. ARIZA** 4/13/2005 407-788-0569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #