

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636966

Entity Name: ARIZA, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

631 SMOKERSIDE BLVD.  
LONGWOOD, FL 32779

## New Principal Place of Business:

631 SMOKERISE BLVD.  
LONGWOOD, FL 32779

## Current Mailing Address:

631 SMOKERSIDE BLVD.  
LONGWOOD, FL 32779

## New Mailing Address:

631 SMOKERISE BLVD.  
LONGWOOD, FL 32779

FEI Number: 59-1971949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIZ, JOSE M  
631 SMOKERSIDE BLVD.  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

ARIZA, JOSE M  
631 SMOKERISE BLVD.  
LONGWOOD, FL 32779 US

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.

SIGNATURE: JOSE M. ARIZA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: ARIZA, BETTE,  
Address: 631 SMOKERSIDE BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: VPST ( ) Delete  
Name: ARIZA, BETTIE P  
Address: 631 SMOKERSIDE BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: SDV ( ) Delete  
Name: ARIZA, BETTE,  
Address: 456 S. MILWEE STREET  
City-St-Zip: LONGWOOD, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: ARIZA, BETTIE P  
Address: 631 SMOKERISE BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: VPST (X) Change ( ) Addition  
Name: ARIZA, BETTIE P  
Address: 631 SMOKERISE BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: SDV (X) Change ( ) Addition  
Name: ARIZA, BETTIE P  
Address: 631 SMOKERISE BLVD.  
City-St-Zip: LONGWOOD,, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTIE P. ARIZA

VPST

04/28/2006

Electronic Signature of Signing Officer or Director

Date