


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 009 ***150.00

DOCUMENT # 849103

1. Entity Name
ARONOS, INC.



Principal Place of Business
**7764 N.W. 44TH ST.
 SUNRISE, FL 33351**

Mailing Address
**7764 N.W. 44TH ST.
 SUNRISE, FL 33351**

2. Principal Place of Business
6827 W Commercial Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
6827 W Commercial Blvd.
 Suite, Apt. #, etc.

City & State
Tamarac, Florida

City & State
Tamarac, Florida

Zip
33319

Country
USA

Zip
33319

Country
USA



01122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2049418

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JANOURA, MICHAEL J
 7764 N.W. 44TH ST.
 SUNRISE, FL 33351**

7. Name and Address of New Registered Agent
 Name
Janoura, Michael J
 Street Address (P.O. Box Number is Not Acceptable)
6827 W Commercial Blvd.
 City
Tamarac, FL Zip Code
33319

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 *Michael Janoura* **Vice President** **Michael Janoura** **1/14/05**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANOURA, JOSEPH S. 7764 N.W. 44TH ST. SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janoura, Joseph S 6827 W Commercial Blvd. Tamarac, FL, 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANOURA, PAMELA 7764 N.W. 44TH STREET SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Janoura, Pamela 6827 W Commercial Blvd. Tamarac, FL, 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANOURA, MICHAEL 7764 N.W. 44TH STREET SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Janoura, Michael 6827 W Commercial Blvd. Tamarac, FL, 33319 <input checked="" 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	Tamarac, FL, 33319 <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 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: *Michael Janoura* **Michael Janoura** **1/14/05** **954-721-9190**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #