2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

849103 DOCUMENT

1. Entity Name ARONOS, INC.



Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90118 006 ***150.00

FILED

				COO WE THE					
Principal Place of Business 7764 N.W. 44TH ST. SUNRISE FL 33351		Mailing Address 7764 N.W. 44TH ST. SUNRISE FL 33351							
2. Principal F	Place of Business	3. Mailing Addre	3. Mailing Address				Břáři Dioje Hibil Di		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	59-2049418		oplied For	
Zip	Country	Zip	Cou	ntry	, 5. (Certificate of Status Desired	\$8.75 Add	ditional	
*	6. Name and Address of Curren	t Registered Agent			7. N	lame and Address of New Registered	d Agent		
				Name					
JANOURA, MICHAEL J				Street Address (P.O. Box Number is Not Acceptable)					
7764 N.W. 44TH ST.				Street Address	35 (F.O. DI	ox number is not Acceptable)			
SUNRISE	FL 33351								
Min Space				City		F	Zip Cod	e	
Afte	Signature, typed or printed name of registered ager FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department)	(NOTE: Register	ed Agent signature requ	uired when re	9. Election Campaign Financing Trust Fund Contribution.		0 May Be	
10.	OFFICERS AND	D DIRECTORS	11.		. ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANOURA, JOSEPH S. 7764 N.W. 44TH ST. SUNRISE FL	□ D:	NA/ STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANOURA, PAMELA 7764 N.W. 44TH STREET SUNRISE FL	□ Da	NAM STR				☐ Change	☐ Addition	
	VP JANOURA, MICHAEL 7764 N.W. 44TH-STREET SUNRISE FL	□ Da	NAM STR				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAM STR				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAM STR				Change	Addition	
TITLE .		ΓĪη	elete TITL	E			Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME

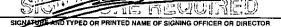
STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



954.741.7620