

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001678

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** ARIES INTERNATIONAL IMPORT SERVICES, INC.

**Current Principal Place of Business:**

365 FRANKLIN AVE  
FRANKLIN SQUARE, NY 11010

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 592  
FRANKLIN SQ., NY 11580

**New Mailing Address:**

P.O. BOX 592  
FRANKLIN SQ., NY 11010

**FEI Number:** 11-3032228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESOURCES WAREHOUSE MIAMI, INC.  
1300 NE 78TH AVE  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: D'AMBRA, FRANK G  
Address: 365 FRANKLIN AVE  
City-St-Zip: FRANKLIN SQUARE, NY 11010

Title: VCS ( ) Delete  
Name: FOLISE, CRAIG  
Address: 2200 SEACAUCUS RD  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: D ( ) Delete  
Name: FOLISE, FRANK  
Address: 2200 SEACAUCUS RD  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: D ( ) Delete  
Name: GRECO, JOE  
Address: 365 FRANKLIN AVE  
City-St-Zip: FRANKLIN SQUARE, NY 11010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK D'AMBRA

CP

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date