

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006916



Entity Name
ARISINIA ENTERPRISES INC.

Principal Place of Business
**1308 DELAWARE AVENUE
WILMINGTON, DE 19806**

Mailing Address
**1308 DELAWARE AVENUE
WILMINGTON, DE 19806**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2541444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET STE 200
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P GONZALEZ, JUAN CARLOS 1308 DELAWARE AVENUE WILMINGTON, DE 19806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ MARTIN, AVELINO 1308 DELAWARE AVENUE WILMINGTON, DE 19806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, ANGEL 1308 DELAWARE AVENUE WILMINGTON, DE 19806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUERO, TONY 1308 DELAWARE AVENUE WILMINGTON, DE 19806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-60045-016-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

03/12/07

305-442-2200
x 279