


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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|--|--|--|--|--|---|---|--|
| DOCUMENT # F98000002311 1. Entity Name ARS CISORIA MADRILENA, S.L. | | | |  | | 40090214 | |
| Principal Place of Business 782 NW LE JEUNE RD., SUITE 530 MIAMI, FL 33126 | | | | Mailing Address 782 NW LE JEUNE RD., SUITE 530 MIAMI, FL 33126 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 52-2088481 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional - Fee Required | | | |
| 6. Name and Address of Current Registered Agent FLEITAS, ROBERTO F 782 N.W. LEJEUNE ROAD SUITE 530 MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PST GONAZLEZ, CARLOS G 2103 CORAL WAY MIAMI, FL 33145 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 782 NW Le Jeune Rd., Suite 530 Miami, FL 33126 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 4-24-08 Daytime Phone 305-442-1439 | | | |

CARLOS GONZALEZ GOMEZ