2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H48144

1. Entity Name
ARISTA-REALTY, INC.

Principal Place of Business	Mailing Address
1639 S. WICKHAM RD.	1639 S. WICKHAM RD.
WEST MELBOURNE, FL 32904	WEST MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2529801	Not Applicable

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

6. Name and Address of Current Registered Agent

KATLAN, PAUL
5599 BABCOCK ST. N.E.
PALM BAY, FL 32907

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_____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000917294
05/13/08-80035-014 159.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	KATLAN, PAUL
STREET ADDRESS	1639 S. WICKHAM RD.
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _____   4/21/2008   321-676-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #