## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 08:00 AN Secretary of State

ANNUAL REPURI				11p1 0.1, 2000 001
DOCUMENT # H77693		A THE SAME OF THE		Secretary of St
1. Entity Name				٤.
ARBA CORPORATION			İ	:
Principal Place of Business	Mailing Address	<u> </u>		Ť
% JORGE ARDILA 15444 S.W. 113TH ST.	% JORGE ARDILA 15444 S.W.	113TH ST.		
MIAMI, FL 33196	MIAMI, FL 33196			•
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	<u> </u>			
			03282008	No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		CE	4. FEI Numb	
			59-259	
			5. Certificate	of Status Desired
6. Name and Address of Current R	egistered Agent			
ARDILA, JORGE	•		DO	NOT WRITE
15444 SW 113 ST				$i \in \mathcal{I}_{\mathcal{A}}$
MIAMI, FL 33196			IN '	THIS SPACE
8. The above named entity submits this statement for	the purpose of changing its register	L. ed office or register	ed agent, or bo	oth, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			-	
SIGNATURE				
Signature, typed or profed name of registered agent and title all applicable (NOTE Registered Agent signature required when renstisting) DATE				
FILE NOW!!! FEE-IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution			.00 May Be ed to Fees	
10. OFFICERS AND D	IRECTORS			
IITLE PD				
NAME ARDILA, JORGE  NIFLEI ADDRESS 15444 SW 113 ST				• .
OITY-ST-ZIP MIAMI, FL 33196				
TITLE D				Hoooppoid
MAME ARDILA, GLORIA				U00000881098 04/15/08-80083-016 150.00
STREET ADDRESS 15444 SW 113 ST				04/19/09-00009-018 190:00
CITY-ST-ZIP MIAMI, FL 33196		4		
ITTLE NAME				
STREET ADDRESS			DO	NOT WOITE
CITY-S1-ZIP				NOT WRITE
DILE			IN	THIS SPACE
NAME Street address				
CITY-ST-ZIP				•
TITLE		1		

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1; Zou 8
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