

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K15656

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ARAZOZA BROTHERS CORPORATION

**Current Principal Place of Business:**

15901 SW 242 ST  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 924890  
PRINCETON, FL 33092 US

**New Mailing Address:**

**FEI Number:** 65-0031332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAZOZA, ALBERTO  
9700 SW 93RD AVENUE  
MIAMI, FL 33176 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: PSD ( ) Delete  
Name: ARAZOZA, ALBERTO  
Address: 9700 SW 93 AVENUE  
City-St-Zip: MIAMI, FL 33176  
  
Title: VDT ( ) Delete  
Name: ARAZOZA, EDUARDO  
Address: 470 CAMPANA AVE  
City-St-Zip: CORAL GABLES, FL 33156

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

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 exemption stated 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 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:** ALBERTO ARAZOZA

PSD

04/13/2009

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

\_\_\_\_\_  
Date