


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K57660	
1. Entity Name ARIAN USA, INC.	

Principal Place of Business % JIFFY FOOD 906 ELMONT ST N.W. PALM BAY, FL 32907	Mailing Address % JIFFY FOOD 906 ELMONT ST N.W. PALM BAY, FL 32907
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3024114	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

**SARPOOLAKI, MADJID
317 TENTH TERRACE
INDIALANTIC, FL 32903**

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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, 2006 Fee will be \$550.00**

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

000000493667
04/20/06-80014-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P SARPOOLAK, TEYMOUR 1345 N. HWY A1A #207 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PT SARPOOLAK, MADJID 317 TENTH TERARCE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SARPOOLAKI, SONBOL 130-14TH AVE INDIALANTIC, FL 32907
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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: *[Signature]* **DATE:** 4.21.06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR