


2004

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90186 009 ****50.00

24024979

DOCUMENT # L03000015376					
1. Entity Name Arechris, L.L.C.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 7270 N.W. 12th St.			3. Mailing Address 7270 N.W. 12th St.		
Suite, Apt. #, etc. Suite 761			Suite, Apt. #, etc. Suite 761		
City & State Miami, FL			City & State Miami, FL		
Zip 33126	Country USA	Zip 33126	Country USA	4. FEI Number 55-0829369	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name del Valle, Manuel R.		
			Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St.		
			Suite 761		
			City Miami		
			FL		
			Zip Code 33126		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM Arema Trading Corp. 7270 N.W. 12th St., Suite 761 Miami, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MgrM Chrissan Corp. 7270 N.W. 12th St., Suite 761 Miami, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Rafael Ravelo, Pres. of Arema Trading Corp. 809-562-1694		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CR2E083B (12/02)