

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088419

FILED
Jan 31, 2006
Secretary of State

Entity Name: ARISTA FINANCIAL SERVICES, L.L.C.

Current Principal Place of Business:

6955 S.W. 159TH AVE.
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

6955 S.W. 159TH AVE.
MIAMI, FL 33193

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANZA, LISA ESQ.
260 CRANDON BLVD. SUITE 48
KEY BISCAYNE, FL 33149 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLANCO, CARLOS
Address: 6955 S.W. 159TH AVE.
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLANCO, CARLOS
Address: 6955 S.W. 159TH AVE.
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Change (X) Addition
Name: SANDOVAL, MARIA
Address: 6955 S.W. 159 TH AVE.
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS BLANCO MGRM 01/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date