## 2008 FOR PROFIT COR ANNUAL REPC

## DOCUMENT # M53291 1. Entity Name ARIAFAM INC.

## FILED May 07, 2008 8:00 am Secretary of State 05-07-2008 90104 050 \*\*\*150.00

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite Apt. #, etc.
City & State  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  \$8.75 Additional Fee Required  Fee Required  Name  Name  Name  Name  Street Address of New Registered Agent  City  City  City  FL  Zip Code  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  Signature, speed or pented name of registered agent and the Fappicable  (hOTE: Registered Agent signature required when removaling)  OATE  FILE: NOW!!! FEE: 13 \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PD  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  STD  Delate  ITILE  STD  Delate  ITILE  STD  Delate  ITILE  STD  Delate  STREET ADDRESS  STREET
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  ARIAS, ROBERTO 807 W 29 ST HIALEAH, FL 33012  City FL Zip Code  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 and title? applicable (NOTE: Registered Agent signature required when refrigating)  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD ARIAS, ROBERTO  SIRRET ADDRESS 807 W 29 ST
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  ARIAS, ROBERTO 807 W 29 ST HIALEAH, FL 33012  8. The above named onlify 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  Signature, typed a printed name of registered agent and take it applicable. (INOTE: Registered Agent surnaure required when reinsching)  After May 1, 2008 Foe will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PD
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ARIAS, ROBERTO 807 W 29 ST HIALEAH, FL 33012    City   FL   Zip Code
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the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when refirstating)   DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retristating)  PFILE-NOWILIT-FEE-IS-\$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IITLE PD Delete IITLE Change Addition  NAME ARIAS, ROBERTO  STREET ADDRESS  CITY-ST-ZIP HIALEAH, FL CITY-ST-ZIP  IITLE STD Delete IITLE  NAME ARIAS, I LEANA  STREET ADDRESS  807 W 29 ST IITLE  NAME STREET ADDRESS
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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 time improved.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR