

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M53317

FILED
Apr 26, 2005
Secretary of State

Entity Name: ARI-VAL INVESTMENT CORP.

Current Principal Place of Business:

232 VELARDE AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

3611 PONCE DE LEON
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 145492
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 59-2730854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, LOURDES G
232 VELARDE AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARIAS, LOURDES G
3611 PONCE DE LEON
CORAL GABLES, FL 33134 US

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: _____ 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ARIAS, LOURDES
Address: 232 VELARDE AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: ARIAS, MONICA
Address: 232 VELARDE AVE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ARIAS, LOURDES
Address: 3611 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: ARIAS, MONICA
Address: 5836 SW 25 STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOURDES ARIAS PS 04/26/2005
Electronic Signature of Signing Officer or Director Date