2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000008362

Entity Name: ARIES DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

10275 SW 139TH PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10275 SW 139TH PLACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 03-0497539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, EVELYN C
10275 SW 139TH PLACE
MIAMI, FL 33186

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BENSON, EVELYN	
Address:	10275 SW 139TH PLACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VD	( ) Delete
Name:	CALUMBA, JACQUELINE	
Address:	10275 SW 139TH PLACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	STD	( ) Delete
Name:	BENSON, WILL	
Address:	10275 SW 139TH PLACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	CURSON, DAVID	
Address:	490 EL CAMINO REAL, STE.210	
City-St-Zip:	BELMONT, CA 94002	
Title:	D	( ) Delete
Name:	BRASOVAN, MARTI	
Address:	10510 SW 124 RD.	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	LEPERVANCHE, JOSE	
Address:	14906 SW 139TH AVE.	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN BENSON PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date