

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008362

FILED  
May 01, 2006  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## 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: LEPERVANACHE, 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:

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 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 C. BENSON

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date