

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008362

FILED
May 10, 2007
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:

Name and Address of New Registered Agent:

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

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: LEPEVANCHE, 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 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 BENSON

PD

05/10/2007

Electronic Signature of Signing Officer or Director

Date