

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N20994**

1. Entity Name  
**AREITO, INCORPORATED**



Principal Place of Business

**% IRA J. KURZBAN  
2650 S.W. 27TH AVE., SECOND FLOOR  
MIAMI, FL 33133**

Mailing Address

**% IRA J. KURZBAN  
2650 S.W. 27TH AVE., SECOND FLOOR  
MIAMI, FL 33133**



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2811436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KURZBAN, IRA J.  
2650 S.W. 27TH AVE.  
SECOND FLOOR  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May 8e  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GODOY, MIGUEL 28 N.E. 54TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, ANDRES 28 N.E. 54TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEDROSO, JOAQUIN 28 N.E. 54TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000923559  
05/16/08-80035-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andrés Gómez*  
**Andrés Gómez**

Date

Daytime Phone #

*April 25/08 (305) 757-3113*  
**April 25/08 (305) 757-3113**