## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P00000030195  1. Entity Name ARIAS BY DESIGN, INC.						05-03-200-	4 90724	036 ***15	50.00	
Principal Place of Business 1624 ALTON ROAD MIAMI BEACH, FL 33139		Mailing Address 1624 ALTON ROAD MIAMI BEACH, FL 33139								
2. Principal P	Race of Business	3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04292004	Chg-P	CR2E0	34 (10/03)		
City & Smile		City & State							plied For t Applicable	
Zip	Country Zip Cou		Countr	у				\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered /	lgent		
GUTIERREZ. ALIRIO				Name						
1624 ALT			Street Add			ss (P.O. Box Number is Not Acceptable)				
È	, , , , ) }		-	City			FL	Zip Code	<del></del>	
8. The above		for the purpose of changing its	registered	d office or register	ed agent, or bo	th, in the State of Flo	orida. Lam i	amiliar with,	and accept	
the obligations of registred agent and the flaspitable (NOTE Registered Agent signature required when relinations).  DATE										
	as between training or segliging an adia	Pri and the II applicable. (NOT	E: Registered	wigest siftuantia tedoken	when remarating)		UALE	<del></del>		
			iign Financ tribution.		.00 May Be led to Fees					
10.	OFFICERS AN	D DIRECTORS	11.		ADD:TIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	
TITLE			TITLE					☐ Change	Addition	
NAME STREET ADDRESS	GUTIERŘEZ, <b>ÀLIRIO</b> 1624 ALTON <b>ŘÔAD</b>		NAME STREET	F ADDRESS						
GITY-ST-ZIP	MIAMI BEACH, FL 33139		G/FY-							
TITLE	☐ Delete TITL		TITLE					☐ Change	☐ Addition	
NAME			NAME						,	
STREET ADDRESS GITY-ST-ZIF			CITY-S	FADDRESS 51-21P						
TITLE	Delete IIIU							☐ Change	Addition	
NAME "	NAN									
STREET ADDRESS: City-St-28	I		STREET Coty-s	ADDRESS						
TITLE	!	☐ Delete	TITLE	21 - 41 <b>f</b>				Change	Addition	
NAME	I	177 Deace	NAME					() Gridilije	Addition	
STREET ADDRESS			. E	ADDRESS						
CITY-ST-ZIF			CHY-	5T - ZIP	****					
TITLE NAME	1	☐ Dalete	TITLE Name					Change	Addition	
STREET ADURENT			B	ADERESS						
CITY-ST-7il			CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME Street	F ADDRESS						
CITY-ST-ZP		. 1	CiTY-S	ST - ZIP						
12. The	thy that information supplied w	the is filing does not quality to	r the exem	ption stated in Se	sction 119.07(3)	i), Florida Statutes.	I further cer	tify that the ir	formation	
	this that information supplied with the information supplied the supplied reports the supplie	properties and accurate and that to be wered to execute this report with all other like empowered	my signatu t as require f	ne shall have the s ad by Chapter 607	same legal effer 7, Florida Statute	icas if made under- is; and that my nam	oam; that I a e appears in	im an officer a Block 10 or	or arrector Block 11 if	
	$\mu$	MIL SURVINGE EMPOWERED	••							
SIGNA	HE:X'	<del>/1 - /</del>				••••				