


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000030207 1. Entity Name ARZOLA & SON, CORP.	
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Principal Place of Business 3750 NW 28 ST. #B101 MIAMI, FL 33142	Mailing Address 3750 NW 28 ST. #B101 MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0992996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARZOLA, PABLO 3275 SW 7TH STREET MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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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 <i>Pablo Arzola</i>	DATE <i>02-12-04</i>
	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000051586 02/16/04-80058-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARZOLA, PABLO 3275 SW 7 ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARZOLA, PABLO JR. 3275 SW 7 ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARZOLA, ALICIA 3275 SW 7 ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: <i>Pablo Arzola</i>	DATE: <i>02-12-04</i>	DAYTIME PHONE: <i>305 445-5341</i>
	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>