

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000030207**

1. Entity Name  
**ARZOLA & SON, CORP.**



Principal Place of Business

**3679 NW 47ST  
MIAMI, FL 33142**

Mailing Address

**3275 SW 7ST  
MIAMI, FL 33135**

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0992996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000694882

04/17/07-90037-013 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ARZOLA, PABLO  
STREET ADDRESS 3275 SW 7 ST.  
CITY-ST-ZIP MIAMI, FL 33135

TITLE VP  
NAME ARZOLA, PABLO JR.  
STREET ADDRESS 3275 SW 7 ST.  
CITY-ST-ZIP MIAMI, FL 33135

TITLE SD  
NAME ARZOLA, ALICIA  
STREET ADDRESS 3275 SW 7 ST.  
CITY-ST-ZIP 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 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.05.07