

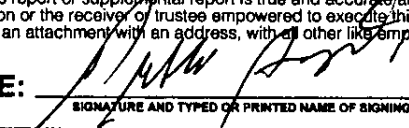


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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		
6. Name and Address of Current Registered Agent ARZOLA, PABLO 3275 SW 7TH STREET MIAMI, FL 33135		 02292008 No Chg-P CR2E034,(11/05) 4. FEI Number 65-0992996 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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		
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: 		04.09.08 (305) 445-5341 Date Daytime Phone #