May 02, 2003 8:00 am

Daytime Phone #

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State P00000050462 DOCUMENT # 05-02-2003 90258 046 ***150.00 1. Entity Name ARO DEVELOPMENT, INC. Principal Place of Business Mailing Address 1028 GUILES ROAD 1028 GUILES ROAD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3543473 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ. ANTONIO R Street Address (P.O. Box Number is Not Acceptable) -1028 GUILES:ROAD -----BRANDON FL 33511 City Zip Code 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 regi SIGNATURE nted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Channe ORTIZ, ANTONIO R NAME NAME 1028 GUILES ROAD STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete Change ☐ Addition VALENTIN, CARLOS NAME NAME MARIA M. POSADO 1615 MAYDELL RD STREET ADDRESS STREET ADDRESS 1028 Quiles Id **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIVERA, REINALDO NAME NAME 1723 JULIAN LN DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if