

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90003 038 ***150.00

DOCUMENT # P01000008843	
1. Entity Name ARIAL IMPORT-EXPORT, INC.	

Principal Place of Business 9515 SW 136TH STREET MIAMI, FL 33126	Mailing Address 9515 SW 136TH STREET MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

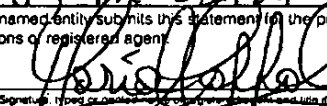


01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2306329	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPPOLA MARIA A. 1402 BRICKELL BAY DR. # 1202 MIAMI, FL 33131

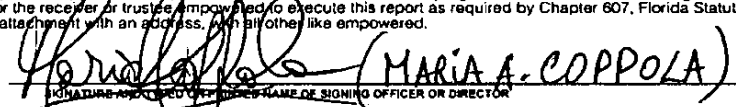
**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	COPPOLA MARIA A
NAME	1402 BRICKELL BAY DR.
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
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:  (MARIA A. COPPOLA)	Date _____ Daytime Phone # _____