

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030214

Entity Name: ARIAS ACQUISITIONS, INC.

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

6600 NW 16, STE 1
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

2675 S ABILENE STREET
ATTN: REGULATORY DEPT.
AURORA, CO 80014

New Mailing Address:

FEI Number: 58-2405277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRIBIORE, ALBERTO
Address: 712 FIFTH AVENUE 34TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: ZUBRETSKY, JOSEPH
Address: 712 FIFTH AVENUE 34TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: TSUSAKA, JUN
Address: 712 FIFTH AVENUE 34TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: PSD () Delete
Name: FLUHR, W (EM) E PRES
Address: 2675 S ABILENE STREET
City-St-Zip: AURORA, CO 80014

Title: V () Delete
Name: BARTOSCH, MICHAEL G
Address: 2675 S ABILENE STREET
City-St-Zip: AURORA, CO 80014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.E. FLUHR

PRES

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date