

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90092 011 ***158.75

DOCUMENT # P01000042172

1. Entity Name

ARDAJA CORPORATION INC



Principal Place of Business

7911 NW 72ND AVE.
SUITE 213-B
MEDLEY FL 33166

Mailing Address

7911 NW 72ND AVE.
SUITE 213-B
MEDLEY FL 33166

2. Principal Place of Business

795 W 74 PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Zip

FL

Country

33014

Zip

Country

4. FEI Number

65-1096040

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

CASTELLA, LIEST
7911 NW 72ND AVE.
SUITE 213-B
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name

Castella, Liest

Street Address (P.O. Box Number is Not Acceptable)

795 W 74 PL

City

Hialeah

FL

Zip Code

33014

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

Castella

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/8/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CASTELLA, LIEST	
STREET ADDRESS	7911 NW 72ND AVENUE, SUITE 213-B	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, DENIA	
STREET ADDRESS	7911 NW 72ND AVENUE, SUITE 213-B	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST - OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLA, LIEST	
STREET ADDRESS	795 W 74 PL	
CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY CASTELLA	
STREET ADDRESS	795 W 74 PL	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Castella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 (305) 773-6731

Date

Daytime Phone #