2004 FOR PROFIT ORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90014 025 ***150.00

DOCUMENT # P01000059560

1. Entity Name
QUYEN T. ARROYO, INC.

Principal Place of Business	Mailing Address
~~6183 SE WINDSONG LANE~~ ~~STUART, FL 34997~~	~~6183 SE WINDSONG LANE~~ ~~STUART, FL 34997~~

01112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
5669 Pot o Gold PL Suite, Apt. #, etc.	5669 Pot o Gold PL Suite, Apt. #, etc.	65-1123552	☐ Applied For ☐ Not Applicable
City & State: Stuart, FL	City & State: Stuart, FL		
Zip: 34997 Country:	Zip: 34997 Country:	5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARROYO, QUYEN T ~~6183 SE WINDSONG LANE~~ ~~STUART, FL 34997~~	Name Street Address (P.O. Box Number is Not Acceptable) 5669 Pot o Gold Place City: Stuart, FL **FL** Zip Code: 34997

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ARROYO, QUYEN T ~~6183 SE WINDSONG LANE~~ ~~STUART, FL 34997~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ARROYO, QUYEN T 5669 Pot o Gold Place Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~ARROYO, GILBERT~~ ~~6183 SE WINDSONG LANE~~ ~~STUART, FL 34997~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #