


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90361 020 \*\*\*150.00

DOCUMENT # P01000069162					
1. Entity Name ARYCO CORPORATION					
Principal Place of Business 231 174TH STREET STE L-16 SUNNY ISLES, FL 33160			Mailing Address 231 174TH STREET STE L-16 SUNNY ISLES, FL 33160		
2. Principal Place of Business 21204 HARBOR way Suite, Apt. #, etc. #121		3. Mailing Address 21204 HARBOR way Suite, Apt. #, etc. #121			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 65-1123015	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI MATTEO, JULIO 200 178TH DR., STE 703 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name JULIO Di MATTEO Street Address (P.O. Box Number is Not Acceptable) 21204 HARBOR way #121 City AVENTURA FL Zip Code 33180		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DI MATTEO, JULIO C 200 178TH DRIVE, SUITE 705 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JULIO C Di MATTEO 21204 HARBOR way #121 AVENTURA, FL 33180
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			Date 4-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		