

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000107304

1. Entity Name
ARIALOP PRODUCTIONS, INC.



Principal Place of Business
825 BRICKELL BAY DRIVE
TOWER 3, 1046
MIAMI, FL 33131

Mailing Address
825 BRICKELL BAY DRIVE
TOWER 3, 1046
MIAMI, FL 33131

FILED
Feb 17, 2004 08:00 AM
Secretary of State



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1153651

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPEZ, ADRIANA
825 BRICKELL BAY DRIVE TWR3, 1046
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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

TITLE	PSTD
NAME	LOPEZ, ADRIANA
STREET ADDRESS	825 BRICKELL BAY DRIVE TOWER 3, 1046
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000055266
02/17/04-80032-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

02-07-04