2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P02000058071 1. Entity Name ARIAS CONSTRUCTION CORP



FILED May 04, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

413 BROWARD AVENUE GREEN ACRES, FL 33463

413 BROWARD AVENUE GREEN ACRES, FL 33463

05012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 20-0296294

05/01/2004

(561)434-2578

Daylime Phone #

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, PEDRO 413 BROWARD AVENUE GREEN ACRES, FL 33463

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				***	THO OF ACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	le if applicable. (NOTE Registered	I Agent signatur	a required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS	· · · · · · · · · · · · · · · · · · ·	<u> </u>	05/05/04-80023-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARIAS, PEDRO 413 BROWARD AVENUE GREEN ACRES, FL 33463				CONTOUNDED DESTINATION
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	pertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the exer and accurate and that my signated ed to execute this report as required all other like empowered.	nption state ure shall hat ed by Chap	d in Section 119.07(3) ve the same legal effe iter 607, Florida Statut	(I), Florida Statutes. I further certify that the information ct as If made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

Pedro Arias

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR