2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90001 033 ***150.00

DOCUMENT # P02000063042

1. Entity Name
ARNALDO D.M.E. CORP.

Principal Place of Business	Mailing Address
175 FONTAINBLEAU BLVD 2G3 MIAMI FL 33172	175 FONTAINBLEAU BLVD 2G3 MIAMI FL 33172

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
175 Fontainbleu Blvd	- Same -
Suite, Apt. #, etc.: 2 G 3	Suite, Apt. #, etc.
City & State: Miami, Fla	City & State
Zip: Fla 33172 Country: DADE	Zip / Country

4. FEI Number 02-0614795 ☐ Applied For ☐ Not Applicable

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
HERNANDEZ, ARNALDO 175 FONTAINBLEAU BLVD 2G3 MIAMI FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ARNALDO	NAME	
STREET ADDRESS	175 FONTAINBLEAU BLVD 2G3	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ARNALDO	NAME	
STREET ADDRESS	175 FONTAINBLEAU BLVD 2G3	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] (305) 480-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #