## **FILED** 2004 FOR PROFIT CORPORATION May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000095666 ARES & COMPANY, INC. Principal Place of Business Mailing Address 3636 SW 87TH AVE 3636 SW 87TH AVE MIAMI, FL 33165 MIAMI, FL 33165 04302004 No Chq-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3868548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARES, MILTON DO NOT WRITE 3636 SW 87TH AVE MIAMI, FL 33165 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 region SIGNATURE. Signature, typed or print (NOTE, Registered Agent signature required when reinstating) d name of registered agent and little if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D ARES, MILTON NAME 3636 SW 87TH AVE STREET ADDRESS U00000150465 CITY-ST-ZIP MIAMI, FL 33165 05/04/04-80006-015 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TSTS F STREET ADDRESS DO NOT WRITE CRY-ST-ZIP THLE IN THIS SPACE BLARAF STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CRY-SI-ZIP BRE NAME STREET ADDRESS

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 807, 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 AND TYPED OF FRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1eV

Daytime Phone #

CITY-ST-ZIP

SIGNATURE: