## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # P02000098191  1. Entity Name ARRIBA MEXICO, INC.			Secretary of State			
Principal Place 1907 DREW CLEARWATER	STREET - 1		1 16000000 116	. 20110 1181: 48111 8511: 8511:	. Nema jakal mina likia kajas likihak ni lahij	
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<b>-</b>	O NOT WRITE IN	CE	04132005	No Chg-P	CR2E034 (10/03)	
L		<b>-</b>	05-0529843 Not Applicable			
			5. Certificate of Status Desired			
	6. Name and Address of Current Regis					
	JESUS = BERN AVE N TERSBURG, FL 33703	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 or registered agent and title It applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees 04/18/05-80153-006 150.00		
10.	OFFICERS AND DIREC	CTORS				Commence of San venus
name Street address City-St-Zip	D PERNIA, JESUS 628 NEWBERN AVE N SAINT PETERSBURG, FL 33703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, ZORAYA 628 NEWBERN AVE N SAINT PETERSBURG, FL 33703					1999 <u></u> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR