


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 049 ***150.00

DOCUMENT # P02000127173			
1. Entity Name ARACELIZ SALES CORP.			
Principal Place of Business 707 E 9 STREET HIALEAH, FL 33010		Mailing Address 707 E 9 STREET HIALEAH, FL 33010	
2. Principal Place of Business 5364 NW 188 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33055	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CRUZ, HORTENCIA 4080-NW 132 STREET BAY O OPA LOCKA, FL 33054		7. Name and Address of New Registered Agent Name CRUZ, Hortencia Street Address (P.O. Box Number is Not Acceptable) 5364 NW 188 ST City MIAMI FL Zip Code 33055	
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: Hortencia Cruz DATE: 6/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, HORTENCIA 4080 NW 132ND STREET, BAY O OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ HORTENCIA 5364 NW 188 ST MIAMI FL 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISETCH, JUAN S 4080 NW 132ND STREET, BAY O OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISETCH, JUAN S 4080 NW 132 ST BAY O OPA LOCKA FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Hortencia Cruz		6/18/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	