## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 06, 2004 8:00 am Secretary of State DOCUMENT # P03000020256 05-06-2004 90500 001 \*\*\*150.00 1. Entity Name 05-06-2004 90500 002 \*\*\*\*\*8.75 ARIES SERVICES CORP. Principal Place of Business Mailing Address 4590 NW 79 AVE. 4590 NW 79 AVE. 66419858 UNIT D UNIT D MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 1568 Pennsylvania 1568 Pennsylvania Suite, Apt. #, etc. Suite, Apt. #, etc. 05032004 Chg-P CR2E034 (10/03) # 14 #14 City & State City & State 4. FEI Number Applied For FL. 760724817 Miami Miami Beach Not Applicable Ćountry Country Zip \$8.75 Additional 5. Certificate of Status Desired 33139 U.S.A. U.S.A 33139 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Penaloza tabio PENALOZA, FABIO Street Address (P.O. Box Number is Not Acceptable) 4590 NW 79 AVE. UNIT D MIAMI, FL 33166 以 14 Zip Code 33139 M:ami Beach 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the 53 Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.5 9 11. TITLE ☐ Delete TITLE Q9 PENALOZA, FABIO Penaloza, Fabio NAME NAME STREET ADDRESS 4590 NW 79 AVE. #1D STREET ADDRESS Pennsylvania Av. # 14 1568 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Beach, FL. ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

FILED