


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 015 ***150.00

DOCUMENT # P03000020966

1. Entity Name
A R JOYERIA, CORP.



Principal Place of Business Mailing Address
~~3678 W 12 AVE
 HIALEAH, FL 33012~~ ~~3678 W 12 AVE
 HIALEAH, FL 33012~~

40002512



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4200 W 12 AVE **4200 W 12 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State City & State
HIALEAH FL **HIALEAH FL**
 Zip Country Zip Country
33012 **USA** **33012** **USA**

4. FEI Number Applied For
26-0060029 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~RODRIGUEZ, ALEXIS
 3678 W 12 AVE
 HIALEAH, FL 33012~~

7. Name and Address of New Registered Agent
 Name **Alexis Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
4200 W 12 Ave
 City **HIALEAH** FL Zip Code **33012**

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]* DATE **1/9/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEXIS	
STREET ADDRESS	3678 W 12 AVE	
CITY - ST - ZIP	HIALEAH, FL 33012	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, KALIANYS	
STREET ADDRESS	3678 W 12 AVE	
CITY - ST - ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Alexis Rodriguez	
STREET ADDRESS	4200 W 12 Ave	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIANYS Rodriguez	
STREET ADDRESS	4200 W 12 AVE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DATE **1/9/07** DAYTIME PHONE # **(305) 512-1000**
Signature and typed or printed name of signing officer or director