

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051344

Entity Name: ARISON FINANCIAL, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

12871 N.W. 8TH STREET
MIAMI, FL 33182

New Principal Place of Business:

12871 N.W. 8TH STREET
MIAMI, FL 33182 US

Current Mailing Address:

7105 SW 8 ST.
MIAMI, FL 33144

New Mailing Address:

7105 SW 8TH STREET
SUITE 306
MIAMI, FL 33144 US

FEI Number: 02-0690498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, SAMUEL E
12871 N.W. 8TH STREET
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARIAS, SAMUEL E
Address: 12871 N.W. 8TH STREET
City-St-Zip: MIAMI, FL 33182

Title: SD () Delete
Name: FABIOLA, ARIAS
Address: 12871 NW 8 STREET
City-St-Zip: MIAMI, FL 33182

Title: VD (X) Delete
Name: ARIAS, NESTOR
Address: 12871 N.W. 8TH STREET
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARIAS, SAMUEL E
Address: 12871 N.W. 8TH STREET
City-St-Zip: MIAMI, FL 33182 US

Title: SD (X) Change () Addition
Name: FABIOLA, ARIAS
Address: 12871 NW 8TH STREET
City-St-Zip: MIAMI, FL 33182 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL ARIAS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date