

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063477

1. Entity Name
JULIO DE ARELLANO INC.



Principal Place of Business
**4920 NW 85 AVENUE
LAUDERHILL, FL 33351**

Mailing Address
**4920 NW 85 AVENUE
LAUDERHILL, FL 33351**

FILED
Feb 14, 2005 08:00 AM
Secretary of State



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2099246

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IGESIAS, MARISELA
4920 NW 85 AVE
LAUDERHILL, FL 33351**

**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 of registered agent and title if 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 Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DE ARELLANO, JULIO
4425 NW 88 AVE #164
SUNRISE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
IGLESIAS, MARISELA
4920 NW 85 AVE
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U00000228866
02/14/05-80054-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.05

Date

954.749-9144

Daytime Phone #