


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90058 026 ***150.00

DOCUMENT # P03000079208
 1. Entity Name
ARAL ENTERPRISES OF FLORIDA INC.



Principal Place of Business Mailing Address
18220 MEDITERRANEAN BLVD **18220 MEDITERRANEAN BLVD**
~~1807~~ ~~1807~~
MIAMI FL 33015 **MIAMI FL 33015**

94033875



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
2099 NE 163 ST **2099 NE 163 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. MIAMI Beach **N. MIAMI Beach**
 Zip Country Zip Country
33162 MIAMI Beach **33162 MIAMI Beach**

4. FEI Number **11-3697439** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~DLR ACCOUNTING CORP.~~
~~6336 GRANT STREET~~
~~HOLLYWOOD FL 33024~~

7. Name and Address of New Registered Agent
 Name **Sierra, Alba L.**
 Street Address (P.O. Box Number is Not Acceptable)
2099 NE 163 ST
 City **N. MIAMI Beach** **FL** Zip Code **33162**

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 *Alba L Sierra* DATE **3/17/04**
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, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P SIERRA, ARNOLDO 18220 MEDITERRANEAN BLVD SUITE 1807 MIAMI FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIAS, ALBA L <input checked="" type="checkbox"/> Delete 18220 MEDITERRANEAN BLVD. MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2099 NE 163 ST N. MIAMI Beach FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Sierra, Alba L. 2099 NE 163 ST N. MIAMI Beach FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alba L Sierra* DATE: **3/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #