

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90120 009 \*\*\*150.00

**DOCUMENT # P04000003062**

1. Entity Name

J. C. ARIES, INC.



Principal Place of Business

1750 N 17TH COURT APT 201  
HOLLYWOOD FL 33020

Mailing Address

1750 N 17TH COURT APT 201  
HOLLYWOOD FL 33020

2. Principal Place of Business

2008 Jackson

Suite, Apt. #, etc.

Ste. # D10

3. Mailing Address

2008 Jackson

Suite, Apt. #, etc.

Ste. # D10

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

USA

Zip

33020

Country

U.S.A

4. FEI Number

75-3148189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAILLET, JOSE  
1750 N 17TH COURT APT 201  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Caillet, Jose

Street Address (P.O. Box Number is Not Acceptable)

2008 Jackson Ste. # D10

City

Hollywood

FL

Zip Code

33020

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 in printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAILLET, JOSE	
STREET ADDRESS	1750 N 17TH COURT APT 201	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAILLET, FELIPE	
STREET ADDRESS	1750 N 17TH COURT APT 201	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORALES, RAUL	
STREET ADDRESS	1750 N 17TH COURT APT 201	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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 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	
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	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-05