2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 08:00 AM Secretary of State

DOCUMENT # P04000036772 1. Entity Name ARIAS GROUP CORP					Secreta	ary or s	tate	
Principal Place of Business Mailing Address 11041 NW 7 ST 11041 NW 7 ST 103 103 MIAMI, FL 33172 MIAMI, FL 33172								
D	OO NOT WRITE II	N THIS SP	ACE	04272006	No Chg-P	CR2E034 (11	/05) Applied For	
				20-080	1998		Not Applicab	
				5. Certificate	of Status Desired	□ \$8.79 Fee Re	5 Additional equired	
	6. Name and Address of Current Regis	stered Agent		· . · · · · · · · · · · · · · · · · · ·				
	named entity submits this statement for the tions of registered agent.			stered agent, or bo	THIS SP	ida. I am familiar	with, and accep	
	Signature, typed or printed name of registered agent and title	ul applicable (NOTE, Rej	gistered Agent signature red	uired when reinstating)	, 	DATE		
FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu	Financing tion,	\$5.00 May Be Added to Fees	U000001 05/19/06-1	562498 800 <mark>58-006</mark>	150.00	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARIAS, JOHN SR 11041 NW 7 ST SUITE 103 MIAMI, FL 33172	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADORESS				DO	NOT W	RITE		

C. B. C.

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 aslif 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-970-3804