


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 027 ***150.00

DOCUMENT # P04000102774

1. Entity Name
CAMANA-ARI CORPORATION



Principal Place of Business
 14755 SW 99 LANE
 MIAMI, FL 33196

Mailing Address
 14755 SW 99 LANE
 MIAMI, FL 33196

2. Principal Place of Business
1490 NE 1st Ave.

3. Mailing Address
1490 NE 1st Ave.

Suite, Apt. #, etc.

City & State
FLORIDA CITY, FL

City & State
FLORIDA CITY, FL

Zip
33034

Country
USA

Zip
33034

Country
USA



03192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

STANLEY, KATHY
 14755 SW 99 LANE
 MIAMI, FL 33196

4. FEI Number
20-1339462

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name *Pedro Dongo Monto A*

Street Address (P.O. Box Number is Not Acceptable)
1490 NE 1st Avenue

City *FLORIDA CITY* **FL** Zip Code *33034*

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]* **3-19-05**

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	P	<input type="checkbox"/> Delete
NAME	DONGO, PEDRO H	
STREET ADDRESS	14755 SW 99 LANE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, MILAGRITOS	
STREET ADDRESS	14755 SW 99 LANE	
CITY-ST-ZIP	MIAMI, FL 33196	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONGO, PEDRO H.	
STREET ADDRESS	1490 NE 1 st Avenue	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MILAGRITOS	
STREET ADDRESS	1490 NE 1 st Avenue	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
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)(ii), 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 employment.

SIGNATURE: *[Signature]* **PEDRO DONGO** **3-19-05** **(305) 246-5975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #