

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136796

Entity Name: ARRED CORP.

FILED
Jun 06, 2008
Secretary of State

Current Principal Place of Business:

5200 NORTH OCEAN BLVD STE 1610
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

5200 NORTH OCEAN BLVD
1610
LAUDERDALE BY THE SEA, FL 33308

Current Mailing Address:

5200 NORTH OCEAN BLVD STE 1610
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

5200 NORTH OCEAN BLVD
1610
LAUDERDALE BY THE SEA, FL 33308

FEI Number: 20-1837709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUGER, AMALIA
5200 NORTH OCEAN BLVD STE 1610
LAUDERDALE BY THE SEA, FL 33308 US

Name and Address of New Registered Agent:

KRUGER, AMALIA
5200 NORTH OCEAN BLVD
1610
LAUDERDALE BY THE SEA, FL 33308 US

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.

SIGNATURE: AMALIA KRUGER

06/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARROSPIDE, GUSTAVO
Address: 5200 NORTH OCEAN BLVD STE 1610
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: STD () Delete
Name: ARROSPIDE, PATRICIA
Address: 5200 NORTH OCEAN BLVD STE 1610
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ARROSPIDE

STD

06/06/2008

Electronic Signature of Signing Officer or Director

Date