

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168578

Entity Name: M.ARI. FRIED, INC.

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

50 KINDRED STREET STE 201
STUART, FL 34994

New Principal Place of Business:

50 KINDRED STREET STE 303
STUART, FL 34994

Current Mailing Address:

50 KINDRED STREET STE 201
STUART, FL 34994

New Mailing Address:

50 KINDRED STREET STE 303
STUART, FL 34994

FEI Number: 20-2086359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEST, JAMES M
C/O JAMES M. GUEST, CPA, P.A.
15600 S.W. 288TH ST STE 401
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: FRIED, MIKE
Address: 50 KINDRED STREET STE 201
City-St-Zip: STUART, FL 34994

Title: ST () Delete
Name: FRIED, MIKE
Address: 50 KINDRED STREET STE 201
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: FRIED, MIKE
Address: 50 KINDRED STREET STE 303
City-St-Zip: STUART, FL 34994

Title: ST (X) Change () Addition
Name: FRIED, MIKE
Address: 50 KINDRED STREET STE 303
City-St-Zip: STUART, FL 34994

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: MIKE FRIED

DPV

08/29/2007

Electronic Signature of Signing Officer or Director

Date