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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 21 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/15/05 60038 024 $150.00

05152006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000171804

1. Entity Name
ARIANA'S CS., INC

Principal Place of Business	Mailing Address
3891 SOUTHWEST CRARY STREET PORT SAINT LUCIE, FL 34953	3891 SOUTHWEST CRARY STREET PORT SAINT LUCIE, FL 34953
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-2069577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ROSADO, ZORAIDA 3891 SOUTHWEST CRARY STREET PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JC 7/21	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Zoraida Rosado Zoraida Rosado 5/23/06 (772)621-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dear Ms. Tina Carter,

We spoke earlier this week in regards to the overpayment which I had done in the year of 2005. Attached is all the information which I have in order to have the overpayment applied for 2006 payment. Should you have any questions please contact me at (772)240-5012 or (772)621-7632.

Sincerely,
Zonaida Rosado

Ref #: P0400017180 4