## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P05000012765  1. Entity Name JOSE ARIAS CORP							FILED SECRETARY OF STATE DIVISION OF COORDINATIONS				
Principal Place 6918 BAY DR 6 MIAMI BEACH	IVE EAST		Mailing Address 6918 BAY DRIVE EAST 6 MIAMI BEACH, FL 33141				06 JUL 11	2 PH 1:21			
2. Principal Pla			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07112006	Chg-P	CR2E034 (11/05)			
City & State			City & State				4. FEI Numb	er	<u> </u>	oplied For of Applicable	
Zip	Zip Country		Zip Count		itry	5. Certificate of Status Desired Security Securi			Sitional		
	6. Name	and Address of Current I	agistered Agent				7. Name and Address of New Registered Agent				
						LAITA SZOL PUB					
ARIAS, JOS 6918 BAY I		AST	Street Ad			dress (I	ess (P.O. Box Number is Not Acceptable)				
MIAMI BEA	NCH, FL	33141	134:			42	2 s.w 154 PL.				
City M/A								oth, in the State of Flo	FL 332	and accept	
<ol> <li>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.</li> </ol>											
SIGNATURE OF Questions of registered agent and title of applicable. (NOTE: Registered Agent signature required when rensisting)  DATE											
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees corporation did not receive the prior notice.											
	ie by Sep	stember 6, 2006		indunon.		A00			•		
10.	OFFICERS AND DIRECTORS 1							-	RCERS AND DIRECTOR	S IN 11	
TITLE Name	P * * Delete ARIAS, JOSE					1	se ?	74/48 J			
STREET ADORESS City-St-Zip		/ DRIVE EAST #6 EACH, FL 33141					34 L 1/BM1	S.W. /	33/85		
TITLE	VP Delete				E UP			•	<b>™</b> Channe	☐ Addition	
NAME Street address	ARIAS, J	OSE / DRIVE EAST #6	,	AE BET ADORESS	1	10ce AYIAS 1342 S.W. 184 PL					
CITY-ST-ZIP		ACH, FL 33141			1-ST-ZIP		1201	_			
TITLE	S 50 Delete IIII.								Change	Addition	
NAME Street Address	ARIAS, JOSE 6918 BAY DRIVE EAST #6						342 9	s. W. 18	-4 PL		
CITY-ST-ZIP	MIAMI BEACH, FL 33141				r-ST-ZIP	M	IAMI	ーモニコ	3184		
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STREET ADDRESS					EET ADORESS	4	342	5.W.1	4 PL	,a	
CITY-ST-ZIP	MIAMI BE	EACH, FL 33141		αn	r-ST-ZIP	//	ICAMI	24 17 20 20 20 20 20 20 20 20 20 20 20 20 20	^ <b>7535 2779</b> ⊃ <del>117724 - 1115 - *</del>	* <u>is</u> 0.00	
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STREET ADORESS CITY-ST-ZIP				STR	EET ADORESS Y-ST-ZIP						
TITLE	<del></del>		☐ Delete	m	£	-			☐ Change	Addition	
STREET ADORESS					EET ADORESS					ļ	
CITY-ST-ZIP  CITY-ST-ZIP  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: DES DESCRIPTION NAME OF SIGNENG OFFICER OR DIRECTOR DIRECTOR DES DESCRIPTION OF DESCR											