


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90079 029 \*\*\*150.00

<b>DOCUMENT # P05000029256</b>	
1. Entity Name <b>ARIS CLEANING SERVICE INC.</b>	

**40074896**



Principal Place of Business <b>2925 W 80 ST - # 217 HIALEAH, FL 33018</b>	Mailing Address <b>2925 W 80 ST - # 217 HIALEAH, FL 33018</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>15406 SW 23 LN</b>	3. Mailing Address <b>15406 SW 23 LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33185</b>	Country <b>USA</b>

03312008 Chg-P CR2E034 (12/06)

4. FEI Number <b>35-2249688</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GONZALEZ, ARISTOTELES 2925 W 80 ST - # 217 HIALEAH, FL 33018</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15406 SW 23 LN</b> City <b>MIAMI</b> FL Zip Code <b>33185</b>		

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 *Aristoteles Gonzalez* DATE **4-16-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONZALEZ, ARISTOTELES</b>		NAME <b>GONZALEZ, ARISTOTELES</b>	
STREET ADDRESS <b>2925 W 80 ST - # 217</b>		STREET ADDRESS <b>15406 SW 23 LN</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33018</b>		CITY-ST-ZIP <b>MIAMI, FL 33185</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: *Aristoteles Gonzalez* DATE **4-16-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR