

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000081840

FILED
Oct 08, 2008
Secretary of State

Entity Name: ARIAL CHRISTIAN ENTERPRISES, INC.

Current Principal Place of Business:

1657 NORTH TREASURY DR.
APT. 4
NORTH BAY VILLAGE, FL 33141 US

New Principal Place of Business:

2051 NW 22 AVE
MIAMI, FL 33142 US

Current Mailing Address:

1657 NORTH TREASURY DR.
APT. 4
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

2051 NW 22 AVE
MIAMI, FL 33142 US

FEI Number: 20-5048573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIUM TAX SERVICES
4005 NW 114TH AVE
SUITE 203
DORAL, FL 33178 US

Name and Address of New Registered Agent:

SALCEDO, ALEJANDRA S P
2051 NW 22 AVE
MIAMI, FL 33142 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: ALEJANDRA SALCEDO

10/08/2008

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: P () Delete
Name: SALCEDO, ALEJANDRA S
Address: 1657 NORTH TREASURY DR. #4
City-St-Zip: NORTH BAY VILLAGE,, FL 33141 US

Title: V (X) Delete
Name: SUAREZ, ROLANDO
Address: 2120 SW 13 ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALCEDO, ALEJANDRA S
Address: 2051 NW 22 AVE
City-St-Zip: MIAMI, FL 33142 US

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: ALEJANDRA SALCEDA

P

10/08/2008

Electronic Signature of Signing Officer or Director

Date