


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90190 044 \*\*\*150.00

**DOCUMENT # P06000112188**

1. Entity Name  
**ARIALE, CO.**



Principal Place of Business  
**18161 SW 142 PL  
MIAMI, FL 33177**

Mailing Address  
**18161 SW 142 PL  
MIAMI, FL 33177**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



03062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5625933**

Approved For  
Not Approved

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

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, ADYEREN**  
**18161 SW 142 PL**  
**MIAMI, FL 33177**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

NAME CORDOVA, FABIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18161 SW 142 PL	
CITY - ST - ZIP MIAMI, FL 33177	
NAME HERNANDEZ, ADYEREN	<input type="checkbox"/> Delete
STREET ADDRESS 18161 SW 142 PL	
CITY - ST - ZIP MIAMI, FL 33177	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/1/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date