9/8/2008-90002-020-\$150.00-\$150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURT								have by the time to the				
DOCUMENT # P07000125769 1. Entity Name												
ARONFELD CONSULTING INTERNATIONAL, INC.							08 OCT 15 AH 10: 48					
Principal Place of Business Mailing Address					L			LATIAN	Y (# \$	بالدرا		
3132 PONCE DE LEON BOULEVARD PENTHOUSE			3132 PONCE DE LEON BLVD. PENTHOUSE					SALIKU SCAMALĮ	EE, FL	ORIUA		
CORAL GABLES, FL 33134 US			CORAL GABLES, FL 33134 US			- 1	A CROFFE OF USE	IANS JERN TRIN TRIB ER	11) A fil Dil i e]	TTI TTI IL LETPI	
2. Principal P	Mace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07102008	Chg-P	CR2E	34 (12/06)		
City & Stale			City & State				FEI Number	16717	63		pptied For ot Applicable	
Zip 	Country		Zīp Coun		itry	5. Certificate of Status Desired 58.75 Addit						
	6. Name	and Address of Current F	7, Name and Address of New Registered Agent Name									
3132 PON	CE DE LE	CER M ESQUIRE EON BLVD.					dress (P.O. Box Number is Not Acceptable)					
CORAL G	ABLES, F	L 33134		City								
									FL	Zip Cod	te	
	named entitions of regis		the purpose of changing its	register	ed office or regi	istered	agent, or both	, in the State of Fl	orida. Iam	lamiliar with	and accept	
SIGNATURE	Signature, typed	t or present harve of regulativest agent a	d Agent signature req	quired who	n reinstaung)		DATE					
		! FEE IS \$150.00 ptember 12, 2008		\$5.00 Added (May Be to Fees	in accordance corporation did	with s. 607 not receive	.193(2)(b), e the prior	F.S., the notice.			
10.		OFFICERS AND (DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S EN 11	
TITLE	P Delete III									Change	Addition	
NAME	ARONFELD, SPENCER M ESQUIRE S 3132 PONCE DE LEON BLVD.											
STREET ADDRESS CITY-ST-ZIP		SABLES, FL 33134		ET AODRESS -ST-ZIP								
IMTE	VP □ Delete Itili									Change	Addition	
NAME	ARONFELD, SPENCER M ESQUIRE			NAMI	•							
STREET ADDRESS CITY-ST-ZIP		NCE DE LEON BLVD. SABLES, FL 33134			ET ADDRESS ST-ZIP							
ULTE			☐ Delete	inte		•				Change	☐ Addition	
KAME)			NAM!]	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS ST-ZIP						ľ	
TIFLE			☐ Delete	TITLE						Change	Addition	
NAME	i			NAME							_	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS ST-ZIP							
TITLE			☐ Delete	TITLE	- 1					Change	Addition	
NAME STREET ADDRESS	ĺ			NAME	T ADDRESS						[
CITY-ST-ZIP			•		ST ZIP						1	
1IJTE			☐ Delete	TITLE						☐ Change	Addition	
HAME CONTACTOR	[CTREE	,						1	
STREET ADDRESS (1	T ADORESS ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the extripctions contained in Chapter 119, Florida Statutes. I author certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under early that I am aprofilicar or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in Block to or Block it if changed, or on an attachment with an address, with all other like empowered.												
			1/1.	$\succ\!$			100	υ 0	(>	<u> </u>	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Proces]		